

Exhibit 1

Ronald E. Synder, M.D.
08/14/2024

Page 1

1 UNITED STATES DISTRICT COURT
2 IN AND FOR THE DISTRICT OF WYOMING
3 STEPHANIE WADSWORTH, individually)
and as Parent and Legal Guardian)
4 of W.W., K.W., G.W. and L.W.)
minor children, and MATTHEW)
5 WADSWORTH,) Case No.:
Plaintiffs,) 2:23-cv-00118-NDF
6 vs.)
WALMART, INC. and JETSON)
7 ELECTRIC BIKES, LLC,)
Defendants.)

13

14

Wednesday, August 14, 2024

15

16

Videoconference deposition of

17 RONALD E. SYNDER, M.D. was taken via Zoom,

18 before Elizabeth M. Kondor, Certified Court

19 Reporter and Notary Public, on the above date,

20 commencing at 11:00 a.m.

21

22 LEXITAS LEGAL PHILADELPHIA

23 1600 MARKET STREET, SUITE 1700

24 PHILADELPHIA, PENNSYLVANIA 19103

25 (215) 504-4622

Ronald E. Snyder, M.D.
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<p style="text-align: right;">Page 2</p> <p>1 A P P E A R A N C E S:</p> <p>2</p> <p>3 MORGAN & MORGAN, P.A.</p> <p>4 BY: RUDWIN AYALA, ESQ.</p> <p>5 1700 Palm Beach Lakes Boulevard</p> <p>6 Suite 500</p> <p>7 West Palm Beach, Florida 33401</p> <p>8 rayala@forthepeople.com</p> <p>9 (561) 764-2220</p> <p>10 Representing the Plaintiffs</p> <p>11 (Via Zoom.)</p> <p>12</p> <p>13 McCOY LEAVITT LASKEY, LLC</p> <p>14 BY: EUGENE M. LaFLAMME, ESQ.</p> <p>15 N19 W24200 Riverwood Drive</p> <p>16 Suite 125</p> <p>17 Waukesha, Wisconsin 53188</p> <p>18 elaflamme@MLLlaw.com</p> <p>19 (262) 522-7026</p> <p>20 Representing the Defendants</p> <p>21 (Via Zoom.)</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1 (Bridgett Myers, Notary Public, swore</p> <p>2 in Ronald Snyder, M.D..)</p> <p>3 NOTARY PUBLIC: Doctor, do you swear</p> <p>4 or affirm the testimony you're about to</p> <p>5 give is the truth, the whole truth and</p> <p>6 nothing but the truth.</p> <p>7 DR. SNYDER: Yes, I do.</p> <p>8 RONALD E. SNYDER, M. D.,</p> <p>9 appearing remotely at his office address of 668</p> <p>10 North Orlando Avenue, Suite 1018, Maitland,</p> <p>11 Florida, was first duly sworn, testified as</p> <p>12 follows;</p> <p>13 EXAMINATION BY MR. LaFLAMME:</p> <p>14 Q. Dr. Snyder, good morning. We met</p> <p>15 briefly off the record. Obviously, we are</p> <p>16 conducting this deposition here by Zoom. I</p> <p>17 presume you have gone through the Zoom process</p> <p>18 for depositions a number of times; is that</p> <p>19 accurate?</p> <p>20 A. That's accurate.</p> <p>21 Q. All right.</p> <p>22 Just to start, could you please state</p> <p>23 your full name for the record, sir.</p> <p>24 A. Sure. My name is Ronald Snyder,</p> <p>25 S-N-Y-D-E-R.</p>																																														
<p style="text-align: right;">Page 3</p> <p>1 I N D E X</p> <p>2</p> <table border="0"> <tr> <td>3 WITNESS</td> <td>PAGE</td> </tr> <tr> <td>4 RONALD E. SNYDER, M.D.</td> <td></td> </tr> <tr> <td>5 EXAMINATION BY MR. LaFLAMME</td> <td>4</td> </tr> <tr> <td>6 EXAMINATION BY MR. AYALA</td> <td>164</td> </tr> <tr> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td></td> </tr> <tr> <td>9 E X H I B I T S</td> <td></td> </tr> <tr> <td>10</td> <td></td> </tr> <tr> <td>11 NO. DESCRIPTION PAGE</td> <td></td> </tr> <tr> <td>12 Exhibit 60 CV of Ronald E. Snyder.....</td> <td>10</td> </tr> <tr> <td>13 Exhibit 61 7/30/2024 Billing invoice...</td> <td>24</td> </tr> <tr> <td>14 Exhibit 62 6/6/24 letter to C.</td> <td></td> </tr> <tr> <td>15 LeChapelle from R. Snyder...</td> <td>37</td> </tr> <tr> <td>16 Exhibit 63 Dr. Snyder's Elkins List....</td> <td>42</td> </tr> <tr> <td>17 Exhibit 64 Life Care Plan Report</td> <td></td> </tr> <tr> <td>18 prepared by Ronald Snyder,</td> <td></td> </tr> <tr> <td>19 M.D.....</td> <td>63</td> </tr> <tr> <td>20 Exhibit 65 Lifetime Cost Summary.....</td> <td>63</td> </tr> <tr> <td>21 Exhibit 66 Questionnaire No. 1.....</td> <td>81</td> </tr> <tr> <td>22 Exhibit 67 Questionnaire No. 2.....</td> <td>82</td> </tr> <tr> <td>23 Exhibit 68 Questionnaire No. 3.....</td> <td>82</td> </tr> <tr> <td>24 (EXHIBITS ATTACHED)</td> <td></td> </tr> <tr> <td>25</td> <td></td> </tr> </table>	3 WITNESS	PAGE	4 RONALD E. SNYDER, M.D.		5 EXAMINATION BY MR. LaFLAMME	4	6 EXAMINATION BY MR. AYALA	164	7		8		9 E X H I B I T S		10		11 NO. DESCRIPTION PAGE		12 Exhibit 60 CV of Ronald E. Snyder.....	10	13 Exhibit 61 7/30/2024 Billing invoice...	24	14 Exhibit 62 6/6/24 letter to C.		15 LeChapelle from R. Snyder...	37	16 Exhibit 63 Dr. Snyder's Elkins List....	42	17 Exhibit 64 Life Care Plan Report		18 prepared by Ronald Snyder,		19 M.D.....	63	20 Exhibit 65 Lifetime Cost Summary.....	63	21 Exhibit 66 Questionnaire No. 1.....	81	22 Exhibit 67 Questionnaire No. 2.....	82	23 Exhibit 68 Questionnaire No. 3.....	82	24 (EXHIBITS ATTACHED)		25		<p style="text-align: right;">Page 5</p> <p>1 Q. Okay.</p> <p>2 My name is Eugene LaFlamme,</p> <p>3 representing the two defendants in this case.</p> <p>4 Obviously, you have been named as an expert in</p> <p>5 this matter by the plaintiffs and have issued a</p> <p>6 life care plan relative to Stephanie Wadsworth,</p> <p>7 is that correct?</p> <p>8 A. That is correct.</p> <p>9 Q. And you understand that you are here</p> <p>10 today to give testimony about the life care plan</p> <p>11 that you put together for Stephanie Wadsworth,</p> <p>12 correct?</p> <p>13 A. That is correct.</p> <p>14 Q. I know you've had your deposition</p> <p>15 taken a number of times before, it looks like</p> <p>16 multiple times per year.</p> <p>17 I assume you are familiar with the</p> <p>18 deposition process and so I won't belabor all of</p> <p>19 the traditional instructions that we give a</p> <p>20 witness that may not be so familiar with this</p> <p>21 process.</p> <p>22 The only one I will get out is, if</p> <p>23 you don't understand a question, or if we have a</p> <p>24 break in transmission, understanding that we're</p> <p>25 on Zoom here, let me know. I'll either rephrase</p>
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<p style="text-align: right;">Page 6</p> <p>1 it or have it reread, whatever is appropriate so 2 that we're communicating. 3 Okay? 4 A. Yes. Thank you. 5 Q. If you answer my question as worded, 6 we're going to presume that you understood the 7 question and that you're giving your honest and 8 truthful answer to those questions. 9 Fair enough? 10 A. Fair enough, yes. 11 Q. The only life care plan that you've 12 done in this case is for Stephanie Wadsworth, 13 correct? 14 A. I've only done one for her, that's 15 correct. 16 Q. You are not offering any opinions in 17 this case on any life care plan issues related 18 to any of the other Wadsworth family members, 19 true? 20 A. That is correct. 21 I would say I did see the boy, and 22 when I completed my evaluation, I did call 23 counsel and let him know that there were some 24 significant problems, but I have not been hired 25 to do a life care plan.</p>	<p style="text-align: right;">Page 8</p> <p>1 out of Florida; is that correct? 2 A. Correct. 3 Q. How long have you – I'll pull out 4 your CV here, your company's name is Physiatry 5 Life Care Planning Associates? 6 A. Correct. 7 Q. And it looks like that company was 8 opened in 2020; is that accurate? 9 A. Correct. I was doing life care 10 planning under Ronald E. Synder, M.D., P.A. for 11 many years, and then I elected to start bringing 12 additional physicians on board toward my 13 retirement and rechanged so there would be 14 multiple physiatrists, and so we renamed it at 15 that point. 16 Q. Okay. 17 How long have you been doing life 18 care plans, regardless as to what umbrella or 19 institution you were working for? 20 A. If you have a copy of my Elkins list, 21 it, basically, has all my life care plans. I 22 was doing it back in 2010. 23 Q. And, Doctor, we were talking about 24 how long you've been doing life care plans, and 25 you referenced your Elkins list, which was part</p>
<p style="text-align: right;">Page 7</p> <p>1 Q. You have not done a life care plan 2 for Weston Wadsworth, correct? 3 A. That is correct. 4 Q. And you're not offering any opinions 5 in this case as to a potential life care plan 6 for Weston Wadsworth? 7 A. Correct, not at this point, but I may 8 be asked in the future, but at this point, I 9 have not. 10 Q. Okay. 11 And just so we're perfectly clear as 12 to what I am questioning you on here today, the 13 only opinions that you are offering in this case 14 presently is the life care plan opinions for 15 Stephanie Wadsworth, true? 16 A. That is true. That is correct. 17 Q. And although you met the Wadsworth 18 children on your home visit, you have not done a 19 life care plan for any of them, including 20 Weston, and are not offering any opinions here 21 today on any life care plan issues related to 22 any other members of the Wadsworth family, 23 correct? 24 A. That is correct. 25 Q. And I understand that you are based</p>	<p style="text-align: right;">Page 9</p> <p>1 of your expert file. And your Elkins list is a 2 Florida term, but it, basically, provides a list 3 of your prior engagements, correct? 4 A. Correct. I thought it was a federal 5 name, but, yeah. 6 Q. Maybe it is federal. 7 A. Yeah, it's federal. 8 Q. One or the other, it provides a list 9 of your prior engagements, correct? 10 A. It's a list of any case that I've 11 done depositions or did trial. It is not all 12 the cases I've done, but only the cases in which 13 testimony was offered. 14 Q. And your Elkins list goes back to 15 2010 being your first engagements, so is that 16 when you would have started doing life care 17 plans for litigation or claims contexts? 18 A. Yes. I mean, I was doing a lot of 19 treating physician work-up many years prior. 20 And I was a pediatrician. I was a child abuse 21 doctor many years ago. But life care planning 22 in earnest began in 2010. I may have had some 23 earlier, but very sporadic. 24 Q. With respect to the cases that are on 25 your Elkins list, there's obviously a number of</p>

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<p style="text-align: right;">Page 10</p> <p>1 them here, are these all life care plan-related, 2 or is it a combo of life care plan and more 3 traditional medical? 4 A. I believe all of them are life care 5 plans. 2010 may have been a combination of 6 treating doctor and life care plan, but 7 definitely beginning 2011, purely life care 8 planning. 9 Q. Doctor, I'm going to share my screen 10 with you, which is just going to be a copy of 11 your CV. 12 MR. LaFLAMME: And, Betsy, what I'll 13 probably do is just e-mail these to you 14 after. I'll keep track of the exhibit 15 numbers and then e-mail them to you. 16 BY MR. LaFLAMME: 17 Q. Doctor, I think I have this up 18 accurately. 19 A. You do. 20 MR. LaFLAMME: We will mark this as 21 Exhibit 60, which is our next exhibit in 22 line on this case. 23 (Exhibit 60, CV of Ronald E. Snyder, 24 is received and marked for identification.) 25 Q. Now, Doctor, this was a copy of your</p>	<p style="text-align: right;">Page 12</p> <p>1 A. Correct. 2 Q. Have you ever been licensed in 3 Wyoming? 4 A. I have not. 5 Q. In your CV, there is an area titled 6 "CERTIFICATIONS/ACADEMIC MEMBERSHIP," which 7 starts on the first page and goes to the second 8 page. 9 Do you see that? 10 A. Yes. 11 Q. It looks like for the life care 12 planning specific certification or academic 13 membership, those are on the start of the second 14 page; is that accurate? 15 A. Correct, correct. 16 Q. And these would have been put on by 17 the Institute of Rehabilitation Education and 18 Training? 19 A. Correct. I've been doing life care 20 planning for many years, and they started doing 21 some ongoing training, and so I elected to go 22 ahead and take those courses as well. 23 Q. Where is the Institute of Rehab 24 Education and Training? 25 A. It's online. The last course is done</p>
<p style="text-align: right;">Page 11</p> <p>1 CV that has been provided in this case. And 2 I'll page through it quickly. You may even have 3 a hard copy with you. 4 A. I do. 5 Q. I did not see a specific date on here 6 as far as when it was updated, but is this your 7 most up-to-date CV, the one that was provided in 8 this case? 9 A. Let me look at one page and I'll know 10 specifically the issue date. 11 It is, but I believe I did close my 12 Puerto Rican license just recently on page 2, 13 but this is an up-to-date copy. 14 Q. This is at least the most up-to-date 15 copy that you have in your file, correct? 16 A. Correct. 17 Q. And the one change that you mentioned 18 was, there's a "LICENSE" section on page 2 of 19 Exhibit 60 which shows a Florida license and a 20 Puerto Rico license. And it sounds like your 21 Puerto Rico license has either lapsed or you 22 haven't renewed it, whatever the case may be. 23 A. Correct. 24 Q. So, presently, is your only medical 25 license in Florida?</p>	<p style="text-align: right;">Page 13</p> <p>1 in Gainesville University of Florida where you 2 do it live. The rest of it is online. 3 Q. And then it looks like there's six 4 bullet points under the Institute's reference 5 which lists the specific coursework that you 6 would have taken? 7 A. Yes. Those are the required 8 coursework, that's correct. 9 Q. And so, for example, the first bullet 10 point "Life Care Planning: Professional 11 Orientation," dated 12/29/2018, that's a 12 singular course? 13 A. Correct. They're a singular course. 14 They're about 20 hours apiece, and you have to 15 take a test at the end. So the date is the date 16 that I was issued the certification for that 17 course. 18 Q. So for each of these courses, for 19 each of the six bullet points, is there a 20 roughly 20-hour course associated with it or 21 some – 22 A. Yeah, it's 10 to 20 hours. I think 23 it's 10 hours of direct video, but then it's 24 followed by, you have to kind of do a lot of 25 book work, several chapters to get into it and</p>

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<p style="text-align: right;">Page 14</p> <p>1 so forth, but it's about 20 hours per chapter. 2 Q. Okay. 3 But each coursework has approximately 4 10 hours of video that you would start with? 5 A. Correct. 6 Q. If you're getting a phone call, we 7 can take a break. 8 A. No. For some reason, I had it muted 9 and it rang one ring. 10 Q. No problem. 11 A. Nothing is more important than a 12 deposition. 13 Q. That's what we think, but there's 14 certainly more. 15 At any rate, each course has roughly 16 10 hours of direct video, then; is that correct? 17 A. That's correct. 18 Q. All right. 19 And then on top of the direct video, 20 then there's some it sounds like reading of some 21 sort of textbook or other manuals provided for 22 you? 23 A. Correct. Examples: The videos did 24 not cover long-term care of AIDS; it did not 25 cover long-term management of heart and kidney</p>	<p style="text-align: right;">Page 16</p> <p>1 A. I do. One day a week, I have an 2 office in West Palm Beach, I work in an 3 orthopedic office, Palm Beach Sports Medicine, 4 these days, so I see patients on a weekly basis 5 there. 6 Q. I assume based on the name of the 7 business that you do it with, that those are 8 mostly orthopedic injuries? 9 A. Correct. Neck, back, carpal tunnels. 10 And then we are the doctors for the Astros, the 11 farm team in West Palm, so I do a lot of 12 complicated shoulder rehab and so forth. 13 Q. During your career in which you were 14 a treater, including even the orthopedic 15 treatment that you currently do, how many burn 16 patients have you treated? 17 A. The majority of my burn treatment was 18 in my pediatric residency, where we had a 19 pediatric burn unit. But per se, I do not do a 20 lot of burns. I tend to do mostly neck, back 21 and shoulders, and a lot of pediatric burn 22 trauma. 23 Q. When was your residency where you 24 would have had exposure to the pediatric burn 25 unit?</p>
<p style="text-align: right;">Page 15</p> <p>1 transplants. And yet the tests had questions on 2 it, so you had to fill in the blanks with 3 reading before taking the test. 4 Q. And is there a test for each of these 5 six courses or is there just one overall test? 6 A. Yes, for each segment, there's a 7 test. 8 Q. Is there a specific section in any of 9 these six courses that deal with burn injuries? 10 A. There was. One of them, maybe – 11 Q. Which one? 12 A. Oh, I don't remember. I would 13 presume – I would presume probably the multiple 14 disabilities. 15 Q. So burn injuries would have been a 16 section or a component of that coursework? 17 A. Correct. 18 Obviously, the texts can go over 19 every specific injury, but they, basically, fly 20 over at 60,000 feet, as far as what information 21 you need. And then they give you a lot of 22 additional resources that you have to reach out 23 to when you ultimately get to specific cases. 24 Q. Are you still in private practice as 25 far as treating patients?</p>	<p style="text-align: right;">Page 17</p> <p>1 A. That would have been from 1972 to 2 1975. 3 Q. I see that, now. 4 That's on the first page of your CV, 5 correct? 6 A. Correct. 7 Q. And so that would have been up in 8 Connecticut? 9 A. Yes. 10 Again, I did a residency at Yale that 11 had a very large burn unit, both for adults and 12 pediatrics. 13 Q. So when you got most of your exposure 14 to burn patients in your residency, was it just 15 pediatric or were there adult burn patients as 16 well? 17 A. I was doing my residency in 18 pediatrics, so I would see burn children in the 19 adult burn unit, so it was pediatrics. 20 Q. So although they had adults in the 21 burn unit, your experience through the residency 22 program was with the pediatric side? 23 A. Correct. 24 Q. And then in your professional career 25 as a physiatrist, it sounds like most of your</p>

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<p style="text-align: right;">Page 18</p> <p>1 treatment is more orthopedic-related; is that 2 accurate? 3 A. No, no. Mostly, a lot of brain, a 4 lot of amputations. We do it all. But we did 5 not have a burn unit in Pittsburgh where I was, 6 so, you know, I've treated burn cases for the 7 last 15, 20 years intermittently, but very 8 sporadically, and not like the number of necks, 9 backs, strokes and brain injuries that I do now. 10 Q. And as a physiatrist, I understand 11 that is, basically, physical medicine and rehab. 12 Is that an accurate description of what a 13 physiatrist does? 14 A. Correct. 15 Q. You have not ever been involved as a 16 surgeon, correct? 17 A. That's correct. 18 Q. You have not been involved as a 19 psychiatrist or psychologist, correct? 20 A. That's correct, although long-term 21 injuries result in long-term psychiatric 22 problems and just like family practitioners who 23 can prescribe antidepressants and anti-anxiety 24 medications, physiatrists can do so as well. 25 Q. As far as any psychological or</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. You're not giving any testimony in 2 this case as a psychiatrist, correct? 3 A. That's correct. 4 Q. And you are not giving any testimony 5 in this case as a psychologist, true? 6 A. That's correct, that's correct. 7 Q. And you're not giving any testimony 8 in this case as a radiologist, true? 9 A. That's correct. 10 Q. Of the certifications that you have 11 for life care planning, is the only 12 certification from the Institute of Rehab 13 Education and Training? 14 A. Correct. There are now six, I think, 15 certification companies that certify from 16 vocational rehab doctors to nurses to I think 17 there's even one specifically for insurance 18 actuarial. There are multiple agencies that do 19 some of the certifications. This company 20 provides a lot of the educational courses for 21 all the certifications. 22 Q. And what is the certification called 23 that the Institute of Rehab Education and 24 Training provides? 25 A. Well, they give individual -- I can</p>
<p style="text-align: right;">Page 19</p> <p>1 psychiatric diagnoses or diagnosis, you would 2 refer that to the mental health professional, 3 correct? 4 A. In a legal situation, yes, but as a 5 treating doctor, no. That comes all the time. 6 But I did do testing for her when I saw her and 7 the testing was significant for depression and 8 PTSD. 9 Q. And just so the record is clear, when 10 you say "her," you're talking about Stephanie 11 Wadsworth, correct? 12 A. Correct. She completed testing that 13 did the BECK Inventory Depression scale, the 14 PTSD questionnaires and those were all abnormal 15 for depression and PTSD. But, again, in this 16 kind of forum as a physiatrist, you should only 17 request psychiatrists to provide such 18 documentation. 19 Q. And although you've had some 20 experience with burn injuries in your residency, 21 you are not a burn specialist, correct? 22 A. That is correct. 23 Q. And you are not giving any testimony 24 in this case as a surgeon, correct? 25 A. That's correct.</p>	<p style="text-align: right;">Page 21</p> <p>1 forward it to you. I think I've got this 2 scanned someplace, the certifications that they 3 gave me when I passed the course. 4 Q. So is it a certification on a 5 per-course basis, as opposed to an overall 6 certification in which you complete a battery of 7 courses? 8 A. For this company, yes. There are, 9 like I say, some -- there's a physician life 10 care planning association, there is a life care 11 planning that is for nurses that kind of do this 12 same thing and give you a certificate. 13 Since I've been, basically, 14 grandfathered in doing it way before 15 certifications started, I've taken all the 16 coursework just to kind of make me look like, 17 you know, I know what I'm doing, but I've been 18 doing it longer than certifications came out. 19 Q. So if we're looking at the six or so 20 courses that you took, do each individual ones 21 of those have their own independent 22 certification? 23 A. No, no. It's, basically, the course 24 that I took. 25 If you'll notice, beginning on page -</p>

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<p style="text-align: right;">Page 22</p> <p>1 hold on - 30 of my report, I very specifically 2 list all of the methodologies and foundations 3 that are utilized in the report, utilizing 4 several different life care planning tenets and 5 methodologies that are nationally accepted, so I 6 list all the methodologies specifically utilized 7 in the report. 8 Q. And that's, basically, on page 30 to 9 35, correct, of your report? 10 A. Correct. I try to indicate all of 11 the - actually, it goes beyond that. This is, 12 basically, from 30 to 55, basically, is a 13 documentation of and descriptions of what I'm 14 going to be ultimately utilizing in the actual 15 life care plan, as far as what we levelly call 16 in my office boxes, which begin on page 60. 17 Q. Okay. 18 A. But those first 20 pages lays the 19 foundation of how I'm utilizing, what resources 20 I'm utilizing and the basis of my opinions. 21 Q. And are those - and we'll get to 22 your report, but since you jumped there a little 23 bit, I'll jump there too. Those citations that 24 you have in your report, are those pretty 25 standard citations that you put in most of your</p>	<p style="text-align: right;">Page 24</p> <p>1 there's a litany of services that they are going 2 to require, and we do go over them with the 3 patient at the time of discharge, but nothing 4 formal like we do in the life care plan reports. 5 Q. I understand your rate currently is 6 \$500 per hour for your life care forensic work; 7 is that accurate? 8 A. Correct, correct. 9 Q. Is there a - at least I saw in your 10 billing invoice, that it was an initial \$6,000 11 charge. Is that just your typical retainer 12 charge? 13 A. That's my retainer charge. 14 Q. Doctor, I'll share the screen again 15 here. If whenever I say I'm going to share the 16 screen and it doesn't show up on your end, just 17 let me know. It probably means I screwed it up 18 somewhere on my side. 19 A. You've got it there now. 20 (Exhibit 61, 7/30/2024 Billing 21 invoice, is received and marked for 22 identification.) 23 Q. Doctor, we will mark as Exhibit 61. 24 It's a copy of your billing invoice. And I know 25 you issued another invoice to our firm related</p>
<p style="text-align: right;">Page 23</p> <p>1 life care planning reports? 2 A. Correct. If I have a pediatric case, 3 I'll utilize some pediatric documentation. If I 4 have a brain injury, I want to have something 5 very specific for brain injury. These are 6 specific particularly for a mother, and the 7 types of services that she's going to need would 8 be put into, basically, what's a podiatrist or 9 what's a surgeon, we identify it and quote their 10 training. 11 Q. Do you do any life care plans 12 presently outside of the litigation or claim 13 context? 14 A. No. Otherwise, they would called a 15 case management tool. A life care plan is 16 specifically for litigation. 17 Q. How about, then, case management 18 tools, do you do those in your private practice 19 currently? 20 A. No. I mean, the way I'm testifying, 21 when I discharge a patient, I almost do some of 22 this. But we don't need the pricing and we 23 don't need to do it in a formal way that we do 24 with life care planning. But, obviously, 25 someone with a brain injury or amputation,</p>	<p style="text-align: right;">Page 25</p> <p>1 to this deposition, but is this the only invoice 2 dated July 30, 2024 that would have gone to 3 Morgan & Morgan? 4 A. That's correct. 5 Q. In looking at the invoice, obviously, 6 we have the \$6,000 retainer that we talked 7 about. Then there's this statement underneath 8 the retainer portion of it, and I'll blow it up 9 here. It says, "Due to changes in Life Care 10 Planning for Psychiatrists acting as both Expert 11 Life Care Witnesses and Expert Physicians, this 12 notice serves to ensure that you, as Attorney, 13 have adjusted your disclosures to address that 14 Doctors from PLCPA serve as both Expert 15 Witnesses as Physicians and Life Care Planners, 16 and thus, will make all medical opinions (within 17 their scope of medical present) and testimony 18 admissible." 19 Did I read that correctly? 20 A. That is correct. 21 Q. What does that mean? 22 A. We had several recent cases here in 23 Florida where physicians were hired to do life 24 care planning, and, for some reason, at the time 25 of disclosure, they did not indicate that they</p>

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<p style="text-align: right;">Page 26</p> <p>1 were a physician, as well as life care planner. 2 And then those physicians were disqualified and 3 Daubert'd out. 4 And SO I'm very protective of my 5 status, and so we put that in so that the 6 attorneys understand – or I understand why I'm 7 being hired. I'm being hired as a physician to 8 do an evaluation, to see the patient, understand 9 the diagnosis, and be able to provide not only 10 life care planning by talking to other doctors, 11 but be able to provide my own information, 12 background and training into the preparation of 13 what I do. So I want to make sure the attorneys 14 so indicate that to all sides, that that's what 15 I was hired to do. 16 Q. Basically, it's an effort – it 17 sounds like to protect yourself to make sure 18 that you're not improperly disclosed and face a 19 Daubert challenge due to a lack of disclosure of 20 full information on your background? 21 A. Correct. I do not have a retainer 22 contract or whatever. This is as close to what 23 I get, basically, to let everybody know what I 24 understand and what I'm hired for. 25 Q. In this case with Stephanie</p>	<p style="text-align: right;">Page 28</p> <p>1 A. Correct, that evening. 2 Q. Was the evaluation at her house? 3 A. Yes. 4 Q. When you did the evaluation, I know 5 you mentioned her four children were around. 6 Was her husband Matthew around? 7 A. He was, but had just gone to sleep. 8 He works night and he was sleeping, and, 9 apparently, had a rough night so I did not need 10 him at the time of my visit. 11 Q. He was at the house, but you didn't 12 get to meet him because he was sleeping? 13 A. That's correct. 14 Q. Prior to your evaluation of 15 Mrs. Wadsworth, in-patient evaluation, did you 16 have any prior contact with her in the lead-up 17 to your home visit? 18 A. I did not. My staff may have called 19 and talked with her, because we did have 20 questionnaires forwarded to her to fill out in 21 preparation for my arrival. So my staff did, 22 but I did not. And it was all, basically, 23 perfunctory as far as scheduling and where her 24 address was. She lives – it's not like turning 25 your GPS on and going six blocks and finding her</p>
<p style="text-align: right;">Page 27</p> <p>1 Wadsworth, did you conduct a full medical 2 examination on her? 3 A. Well, it depends what you call 4 "full." I, obviously, listened to her lungs and 5 felt her belly and looked at her skin. We did 6 range of motion. So we did a medical 7 evaluation, both a medical, as well as 8 orthopedic and neurologic, all the things that 9 would be required in looking at a burn patient 10 who had been intubated. 11 Q. And the only time that you saw 12 Mrs. Wadsworth, was that at – you have an 13 evaluation of patient for four hours, was that 14 when you saw Mrs. Wadsworth? 15 A. Correct. I spent four hours on April 16 13, 2023. 17 Q. It looks like you would have flown up 18 there on April 12th. And I presume you're 19 coming from Florida? 20 A. Correct. 21 Q. And then you did the evaluation on 22 the 13th? 23 A. Correct. 24 Q. And then you would have flown back to 25 Florida after that?</p>	<p style="text-align: right;">Page 29</p> <p>1 house. She's out in the middle of nowhere. And 2 so it took us a little while to make sure we had 3 all the ideas on how to find her and so forth. 4 I did talk to her then on the phone 5 probably 15 minutes prior to my arrival, just 6 making sure I knew where – what was her house 7 and where her house was. 8 Q. It sounds like the first substantive 9 discussion you had with her would have been when 10 you arrived at her house; is that accurate? 11 A. That's accurate. 12 Q. And I believe in some of the 13 photographs that I saw, there was a female that 14 was with you assisting, correct? 15 A. Correct. Dr. Maria Ocasio. She's 16 been with me now for three years. She is board 17 certified as a life care planner. I bring two 18 with me. I just turned 78, and I'm going to try 19 to retire somewhere along the line, and so I 20 have another doctor with me. We've been 21 traveling together, two doctors, for a while. 22 This report is mine, but I do end up teaching so 23 that she knows my techniques and plans on how to 24 do things so I can retire. 25 Q. How do you spell Dr. Maria's last</p>

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<p style="text-align: right;">Page 30</p> <p>1 name?</p> <p>2 A. Her name is on the letterhead. It's</p> <p>3 Ocasio-Silva, O-C-A-S-I-O - S-I-L-V-A. She was</p> <p>4 born in Puerto Rico and trained here in the</p> <p>5 United States.</p> <p>6 Q. How many total doctors do you have on</p> <p>7 staff at your location?</p> <p>8 A. I don't have them on staff. They all</p> <p>9 work.</p> <p>10 Dr. Ocasio is director of outpatient</p> <p>11 rehab services at Nemours Children's Hospital.</p> <p>12 I have Dr. Nicholas Bagnoli. He is</p> <p>13 director of inpatient rehabilitation services at</p> <p>14 AdventHealth in Orlando.</p> <p>15 I have Dr. Rafael Santiago. He is</p> <p>16 director of the traumatic brain injury program</p> <p>17 in Veterans Administration in Tampa.</p> <p>18 Those are my physicians who I am</p> <p>19 presently training to do life care planning.</p> <p>20 Q. Are those three other physicians,</p> <p>21 Drs. Ocasio-Silva, Bagnoli and Santiago, are</p> <p>22 they employees of your company or independent</p> <p>23 contractors?</p> <p>24 A. Independent contractors.</p> <p>25 Q. So you, basically, 1099 them at the</p>	<p style="text-align: right;">Page 32</p> <p>1 into that thing with the report. So I'm totally</p> <p>2 transparent of the work that she had done.</p> <p>3 Q. And what was her name again?</p> <p>4 A. Leslie Watson, W-A-T-S-O-N.</p> <p>5 Q. Leslie is just L-E-S-L-I-E?</p> <p>6 A. L-E-S, yes, I-E.</p> <p>7 Q. And is she a doctor or more staff?</p> <p>8 A. She's a master's level. She's a</p> <p>9 certified rehabilitation counselor. She has a</p> <p>10 master's in there. She also has a degree in</p> <p>11 durable medical equipment.</p> <p>12 Q. How long has Ms. Watson been with</p> <p>13 you?</p> <p>14 A. Probably, eight or nine years now.</p> <p>15 Q. And is she an employee of your</p> <p>16 company?</p> <p>17 A. A 1099.</p> <p>18 Q. Are you the only employee of</p> <p>19 Physiatry Life Care Planning Associates?</p> <p>20 A. No. I have two secretaries. I have</p> <p>21 one secretary who worked as a paralegal in an</p> <p>22 attorney's office. She's my major go-to. I</p> <p>23 also just recently hired a gentleman who will</p> <p>24 now reach out to treating doctors, asking the</p> <p>25 treating doctors for their opinion on our life</p>
<p style="text-align: right;">Page 31</p> <p>1 end of the year?</p> <p>2 A. Correct.</p> <p>3 Q. Did anyone else besides Dr.</p> <p>4 Ocasio-Silva join you for the home visit?</p> <p>5 A. And the children, that's it. No, no</p> <p>6 professional people came along, other than we</p> <p>7 call her Dr. Ocasio or Maria.</p> <p>8 Q. Did anyone besides you and Maria do</p> <p>9 any work from your office on this life care</p> <p>10 plan?</p> <p>11 A. Oh, definitely. I have an entire</p> <p>12 team that helps with the pricing. I have Leslie</p> <p>13 Watson. Leslie is nationally known. She's</p> <p>14 written all the chapters on pricing in</p> <p>15 Dr. Weed's textbook of life care planning. So</p> <p>16 she helps me with making the phone calls and</p> <p>17 helping to do the screenshots that are included</p> <p>18 in the report that goes from page 75 to page</p> <p>19 172. That is my documentation of resources.</p> <p>20 So I have her particularly help make</p> <p>21 phone calls and call different doctors in the</p> <p>22 community and ask them what their usual</p> <p>23 customary charges are. And she's the one that</p> <p>24 does all the research. Every research that she</p> <p>25 has done, she screenshots it and then puts it</p>	<p style="text-align: right;">Page 33</p> <p>1 care plan. And that's a new department about</p> <p>2 three months ago.</p> <p>3 Q. So three total employees at your</p> <p>4 location?</p> <p>5 A. Yes, yes, yes.</p> <p>6 Q. And then everyone else that assists</p> <p>7 in one form or another are 1099s?</p> <p>8 A. Correct.</p> <p>9 I have two other 1099 employees. I</p> <p>10 have Rachel Richardson, who is a board certified</p> <p>11 life care planner. She's got a master's in</p> <p>12 education, and she helps with proofreading. And</p> <p>13 I have a young high school graduate young lady</p> <p>14 who worked in an accounting office that will</p> <p>15 sometimes provide an Excel sheet to give to the</p> <p>16 attorneys so they might have an idea of the</p> <p>17 general value of the case.</p> <p>18 Q. In looking at your invoice in this</p> <p>19 case which we have marked as Exhibit 61 – let</p> <p>20 me know if you need me to pull it up again or if</p> <p>21 you have it in front of you.</p> <p>22 A. Okay.</p> <p>23 Q. There's eight hours review of</p> <p>24 records. Is that a task that you did or would</p> <p>25 someone else in your office do that?</p>

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<p style="text-align: right;">Page 34</p> <p>1 A. I do the review of records.</p> <p>2 Q. And do you take any notes during that</p> <p>3 process?</p> <p>4 A. No. I have what's called – I call</p> <p>5 it a living document. I start putting stuff</p> <p>6 right into the report as I review records. And</p> <p>7 that ultimately is incorporated into the final</p> <p>8 report. I have no three different levels of a</p> <p>9 report. We always work on the same document.</p> <p>10 Q. Would Dr. Maria help you with the</p> <p>11 review of records, or is that done totally on</p> <p>12 your own?</p> <p>13 A. She may have helped somewhere along</p> <p>14 the line. I mean, what we do is, when you're on</p> <p>15 a plane for two or three hours or we're in a car</p> <p>16 for two or three hours, we talk about the</p> <p>17 report. We talk about what we found. And so we</p> <p>18 bounce things off as a training. It's kind of</p> <p>19 like a residency program or a fellowship</p> <p>20 program. So you do share back and forth kind of</p> <p>21 opinions and so forth, but I reviewed the</p> <p>22 records.</p> <p>23 Q. And as far as the "Research: Cost of</p> <p>24 Services/Equipment research" at eight hours, was</p> <p>25 that done by Leslie Watson?</p>	<p style="text-align: right;">Page 36</p> <p>1 particularly, we had a case where a physician</p> <p>2 did a life care plan, but they still want – one</p> <p>3 of the judges still wanted us to touch bases</p> <p>4 with the treating physicians. So beginning a</p> <p>5 couple of months ago, we started doing that.</p> <p>6 So I did mail that out to that</p> <p>7 physician – he's an interesting gentleman.</p> <p>8 He's a burn surgeon, as well as he has a</p> <p>9 doctorate in physical therapy as well. We did</p> <p>10 send a check and a letter out to him. We did</p> <p>11 not get anything back. He did not cash the</p> <p>12 check.</p> <p>13 Our office did reach out to him</p> <p>14 yesterday or his staff. And they said, Oh, yes,</p> <p>15 that's sitting on his desk. So I may get that</p> <p>16 report sent to me somewhere along the line, but</p> <p>17 I do not have it in my files. It's not been</p> <p>18 sent to me as of today.</p> <p>19 Q. And that was certainly going to be</p> <p>20 one of my questions, as to whether you received</p> <p>21 any contact back from Dr. LeChapelle. And it</p> <p>22 sounds like, at this point, the answer is, no,</p> <p>23 you have not?</p> <p>24 A. That is correct.</p> <p>25 Q. And since we're talking about it now,</p>
<p style="text-align: right;">Page 35</p> <p>1 A. That would have been done by Leslie.</p> <p>2 Q. Any of those hours attributed to you</p> <p>3 or is that all Leslie's hours?</p> <p>4 A. That's Leslie's hours.</p> <p>5 Q. And then "Life Care Report</p> <p>6 Generation" at 10 hours, is that all you?</p> <p>7 A. Correct.</p> <p>8 Q. Is there anyone else in your office,</p> <p>9 whether it be Dr. Maria or Leslie, would they</p> <p>10 have helped in the report generation aspect?</p> <p>11 A. Not at all.</p> <p>12 And understand, what Leslie does is</p> <p>13 totally under my direction. I review what she</p> <p>14 does on about an every two-to-three-month</p> <p>15 period, making sure we're doing everything the</p> <p>16 way I want it to be done because it's all under</p> <p>17 my signature.</p> <p>18 Q. And then the last line item on your</p> <p>19 invoice relates to "Treating Drs. Questionnaire</p> <p>20 Fee."</p> <p>21 A. Yes.</p> <p>22 Q. And is that the – I saw a</p> <p>23 questionnaire that went to a Dr. LeChapelle.</p> <p>24 Is that what that relates to?</p> <p>25 A. Correct. So here in Florida,</p>	<p style="text-align: right;">Page 37</p> <p>1 just as a matter of housekeeping, why don't we</p> <p>2 mark this as the next exhibit in line. And I'll</p> <p>3 pull it up.</p> <p>4 (Exhibit 62, 6/6/24 letter to C.</p> <p>5 LeChapelle from R. Snyder, is received and</p> <p>6 marked for identification.)</p> <p>7 Q. Dr. Synder, if you could confirm - so</p> <p>8 this would be Exhibit 62 - this is the letter to</p> <p>9 Dr. LeChapelle with the accompanying</p> <p>10 questionnaire, you probably can't see it, but it</p> <p>11 is 19 pages long. Is that the questionnaire</p> <p>12 that you would have sent to Dr. LeChapelle?</p> <p>13 A. That is correct. And we did get</p> <p>14 notification they had received it by certified</p> <p>15 mail so they did receive it.</p> <p>16 Q. And this would have been sent on June</p> <p>17 6, 2024, as you noted, via certified mail and</p> <p>18 through the certified mail process, as well as</p> <p>19 it sounds like your recent conversation with his</p> <p>20 office, he did receive this, correct?</p> <p>21 A. Correct.</p> <p>22 Q. Hold on one second. I apparently</p> <p>23 didn't shut my office phone off.</p> <p>24 Sorry about that.</p> <p>25 Have you ever spoken with</p>

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<p style="text-align: right;">Page 38</p> <p>1 Dr. LeChapelle?</p> <p>2 A. I have not.</p> <p>3 Q. Has anyone from your office spoken</p> <p>4 with Dr. LeChapelle?</p> <p>5 A. We have not. Yesterday I reached out</p> <p>6 saying, Hey, where is this? And I think one</p> <p>7 person spoke to one of his secretaries or</p> <p>8 whatever. They did some research. And I was</p> <p>9 asked to – or they were asked to take this</p> <p>10 report and fax it to them, which was faxed</p> <p>11 yesterday to them.</p> <p>12 Q. And at least, as you sit here today,</p> <p>13 I think you previously testified, you don't have</p> <p>14 a completed copy of the questionnaire that you</p> <p>15 sent to Dr. LeChapelle?</p> <p>16 A. I do not have a returned copy, that's</p> <p>17 correct.</p> <p>18 Q. Okay.</p> <p>19 And when you say "returned," just so</p> <p>20 we're speaking the same language, you don't have</p> <p>21 a returned or a completed copy of this</p> <p>22 questionnaire, correct?</p> <p>23 A. Correct, yes. I have what I sent</p> <p>24 them and I expect for them to sign it, complete</p> <p>25 it and return it back to me. And I do not have</p>	<p style="text-align: right;">Page 40</p> <p>1 A. Correct.</p> <p>2 What I did was, when I see the</p> <p>3 patient, I'll say, Look, you have a host of</p> <p>4 doctors, who would know you the best and who</p> <p>5 would best be able to tell us in their agreement</p> <p>6 or disagreement particularly with equipment and</p> <p>7 so forth. And she said very quickly, This would</p> <p>8 be the guy, so that's who we reached out to.</p> <p>9 Q. Is it your understanding that</p> <p>10 Dr. LeChapelle is the primary doctor that is</p> <p>11 organizing her care, so to speak?</p> <p>12 A. That's what I understand. There have</p> <p>13 been some different people coming and going.</p> <p>14 She tried to get some care locally, and that did</p> <p>15 not work very well. And so that's the real</p> <p>16 problem is, they live so far away and are</p> <p>17 financially limited with travel. So they tried</p> <p>18 locally, and it did not work.</p> <p>19 An example, a physical therapist,</p> <p>20 they tried to get physical therapy locally and</p> <p>21 the physical therapist had never done burn</p> <p>22 therapy, so she's limited where she lives.</p> <p>23 Q. And who puts together this</p> <p>24 questionnaire, Doctor, that we have up as</p> <p>25 Exhibit 62?</p>
<p style="text-align: right;">Page 39</p> <p>1 anything of that nature, that's correct.</p> <p>2 Q. Are there any of Stephanie</p> <p>3 Wadsworth's treating physicians that you –</p> <p>4 strike that.</p> <p>5 Have you spoken with any of Stephanie</p> <p>6 Wadsworth's treating physicians?</p> <p>7 A. I have not. After I saw the patient,</p> <p>8 I had some discussions with plaintiffs' counsel,</p> <p>9 as far as needing to get some additional</p> <p>10 clarification, because I'm not a plastic</p> <p>11 surgeon. And in order for me to put particular</p> <p>12 procedures in, it would be inappropriate for me</p> <p>13 to add those procedures.</p> <p>14 And you'll see in my life care plan,</p> <p>15 I have a list of procedures that I presume the</p> <p>16 patient is going to be needing, but I could not</p> <p>17 put in because that's outside of my wheelhouse.</p> <p>18 So I presume in the future, there will be some</p> <p>19 additional experts or counsel will set up an</p> <p>20 appointment for me to speak with those treating</p> <p>21 physicians. But at this point, none of that has</p> <p>22 been arranged at this point.</p> <p>23 Q. And it sounds like Dr. LeChapelle is</p> <p>24 the only one that you've actually reached out to</p> <p>25 as part of your work in this case?</p>	<p style="text-align: right;">Page 41</p> <p>1 A. Well, I, obviously, wrote the letter.</p> <p>2 This, basically – my office staff,</p> <p>3 they basically take the life care plan and they</p> <p>4 remove certain things. Everything was generated</p> <p>5 by me, but they remove some pieces. I don't</p> <p>6 send the full life care plan to the physician,</p> <p>7 but we, basically, clean things up and put on</p> <p>8 the right-hand side, Agree, Disagree Unknown, so</p> <p>9 we do put that in. My team does that.</p> <p>10 Q. And that starts at – actually, let</p> <p>11 me take a step back here. I guess it goes a</p> <p>12 number of pages, but starts first at page 3.</p> <p>13 A. Right.</p> <p>14 And if you would then look at page 61</p> <p>15 – I'm sorry – page 60 of my report, you see</p> <p>16 they basically mimic exactly those boxes, except</p> <p>17 they were slightly changed to be forwarded as a</p> <p>18 questionnaire.</p> <p>19 Q. And then it looks like your</p> <p>20 expectation for the treating physician is that</p> <p>21 they would go through on this right-hand column</p> <p>22 for each line, indicate whether they agree,</p> <p>23 disagree or just don't know?</p> <p>24 A. Correct.</p> <p>25 And the problem is none of them have</p>

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<p style="text-align: right;">Page 42</p> <p>1 had training in life care planning, as usual. 2 So they often do not know or understand 3 frequency. They obviously don't understand all 4 the pieces. But we had begun doing it because 5 of some recent judgments here in Florida. So I 6 carry it out nationally wherever I go as well. 7 Q. Doctor, I'm going to pull up what we 8 will mark as Exhibit 63. 9 (Exhibit 63, Dr. Snyder's Elkins 10 List, is received and marked for 11 identification.) 12 Q. And this is your Elkins list which we 13 referred to previously a little bit, correct? 14 A. That's correct. 15 Q. And in looking at your Elkins list, 16 this is your first case that you've had in 17 Wyoming; is that accurate? 18 A. Correct. 19 Q. And in looking at the list, which 20 isn't surprise given where you're based, it 21 looks like about 95 percent plus or so are 22 Florida cases, correct? 23 A. Correct. 24 Q. And then over the past five years, it 25 looks like that you've worked with Morgan &</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Or vice-versa, they could have been 2 with Morgan & Morgan when they hired you and now 3 they're somewhere else? 4 A. That's correct. 5 Q. At least, based on what we could 6 glean from the names of cases, it looked like it 7 was roughly 30 or so in the past five years, and 8 you wouldn't dispute that, correct? 9 A. I wouldn't dispute that. That sounds 10 accurate. 11 Q. And in going through your case list, 12 it looked like there were only two other cases 13 that you've done life care plans for burn 14 injuries. 15 Does that sound accurate? 16 A. I don't know. I see the first page 17 here, the Brennen case was a major burn with 18 amputation. I've done some pediatric burns. 19 I've done some scaldings. But I don't remember 20 exactly when and where we saw them. You see 21 Brennen right there is listed for Ted Leopold, 22 that was back in 2012. 23 Q. Is it Brennen or Brennen? 24 A. I don't remember. 25 Q. However you pronounce it, it's</p>
<p style="text-align: right;">Page 43</p> <p>1 Morgan on more than 30 cases. 2 Does that sound accurate? 3 A. I have no idea. I haven't counted. 4 You know, they're all over the country, and 5 different attorneys ask us to see cases. So I 6 started, basically, just keeping the names of 7 the attorneys that hired me, because I've had 8 all sorts from all over and I just don't know 9 even where they're from anymore. 10 Q. You agree you've worked with Morgan & 11 Morgan on a number of cases? 12 A. If you added up 30, then that's it. 13 But I have not sat down and looked at it. 14 That's a possibility. 15 Q. Does 30 sound about accurate for the 16 past five years for Morgan & Morgan? 17 A. I think that's accurate, five years 18 or so, yes. 19 Q. And, obviously, for some of them, you 20 just list them by attorney, so who knows if that 21 attorney was with Morgan & Morgan at the time or 22 if they have moved on? 23 A. Correct. Sometimes they started it 24 and they moved into Morgan & Morgan, and so 25 forth, yes.</p>	<p style="text-align: right;">Page 45</p> <p>1 B-R-E-N-N-E-N, that was certainly one of the 2 cases that involved a motor vehicle accident, 3 apparently, with some burns and amputation? 4 A. Correct. The truck that she was 5 riding burst into flames. The driver burned to 6 death. And she, basically, lost arms and legs. 7 Q. And Leopold, is that the attorney's 8 name or is that the law firm's name? 9 A. Ted Leopold is the attorney. 10 Q. Who is Ted Leopold with? 11 A. He had his own firm at the time. 12 Q. And then the other one that I saw was 13 the Shappard case from 2021, so more recently. 14 It involved some electrical burns. 15 A. Yes. He lost his arms and legs, 16 yes – he lost his arms, anyways. 17 Q. And that was with an attorney Marc 18 Warner. Does that name ring a bell? 19 A. It sounds familiar. 20 Q. Do you know what firm Marc Warner was 21 with? 22 A. No, no. 23 Q. And the electrical burns, I presume 24 that was – or let me ask you, was it from a 25 high voltage line or what were the circumstances</p>

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<p style="text-align: right;">Page 46</p> <p>1 in that regard?</p> <p>2 A. Yes, that was a high voltage line.</p> <p>3 I've done some others. I had a</p> <p>4 pediatric case, where a pressure cooker exploded</p> <p>5 and a little girl lost arms and legs. I've got</p> <p>6 four or five burns that I've done. I don't know</p> <p>7 if they're lifted. It may be. I've done quite</p> <p>8 a few cases where I did not have to do a</p> <p>9 deposition or go to court as well.</p> <p>10 Q. Okay.</p> <p>11 I could tell you that I searched</p> <p>12 Exhibit 63 for the term "burn," "burns," "fire,"</p> <p>13 or anything that could be related, and those are</p> <p>14 the only two that came up.</p> <p>15 A. Okay.</p> <p>16 Q. So at least those would be the only</p> <p>17 two that you would have provided any deposition</p> <p>18 for, correct?</p> <p>19 A. Correct, correct.</p> <p>20 Q. And it sounds like you may have done</p> <p>21 some others, but either you were in the</p> <p>22 background, or it never got to a deposition</p> <p>23 phase?</p> <p>24 A. That's correct. I've had three or</p> <p>25 four electrical burns, a product liability</p>	<p style="text-align: right;">Page 48</p> <p>1 area - than someone that's involved in a fire,</p> <p>2 correct?</p> <p>3 A. That's correct, but they often have</p> <p>4 more muscle trauma. And they can also have an</p> <p>5 explosive what almost looks like exiting bullet</p> <p>6 hole where you can have large holes where it</p> <p>7 leaves.</p> <p>8 Q. So at least as far as burns caused</p> <p>9 from electric shock, compared to burns caused</p> <p>10 from fire or flame impingement, they are</p> <p>11 different injuries, correct?</p> <p>12 A. Yes. Again, but I'm not your</p> <p>13 treating doctor, so I'm looking at long-term</p> <p>14 what they need from what their treating doctors</p> <p>15 are now providing.</p> <p>16 Q. Doctor, have you ever been</p> <p>17 successfully Daubert'd or Rule 702 challenged?</p> <p>18 A. They always ask me that. And I have</p> <p>19 to answer in one particular question, I about 15</p> <p>20 years ago was on the stand testifying on a brain</p> <p>21 injury case and plaintiff's attorney turned</p> <p>22 around and asked me if I had an opinion whether</p> <p>23 the patient needed neck surgery. And it was,</p> <p>24 like, what? And so explosions went off and so</p> <p>25 forth. And, obviously, I would not – that's</p>
<p style="text-align: right;">Page 47</p> <p>1 pressure cooker exploded for a four-year-old.</p> <p>2 I've had quite a few, yes.</p> <p>3 Q. Okay.</p> <p>4 And electrical burns are typically</p> <p>5 different from fire impingement burns by way of</p> <p>6 treatment, correct?</p> <p>7 A. I don't know about treatment. I'm</p> <p>8 not a treatment person. But as far as the</p> <p>9 long-term outcomes, it depends on how severe it</p> <p>10 is.</p> <p>11 Q. As far as their life care plan goes,</p> <p>12 they would have different needs from an</p> <p>13 electrocution perspective than a burn injury</p> <p>14 from a fire or flame impingement, correct?</p> <p>15 A. Well, the life care plan would be</p> <p>16 dependent on what their long-term needs are.</p> <p>17 Certainly, there's more cardiac events with an</p> <p>18 electrical burn. There's often more cognitive</p> <p>19 issues with an electrical burn. But that does</p> <p>20 not preclude, just because of the diagnosis, you</p> <p>21 do a life care for what the patient is presently</p> <p>22 needing. Each individual is specific.</p> <p>23 Q. And, generally, electrical burns have</p> <p>24 less TBSA on the exterior of the body, meaning</p> <p>25 on the skin - TBSA meaning total body surface</p>	<p style="text-align: right;">Page 49</p> <p>1 not appropriate for me to offer that opinion.</p> <p>2 So I was kind of, quote/unquote, Daubert'd</p> <p>3 extemporaneously immediately, and I did not</p> <p>4 offer an opinion. But short of that, no, I've</p> <p>5 never been Daubert'd.</p> <p>6 Q. Do you know what the name of that</p> <p>7 case was?</p> <p>8 A. No. It was about 15 years ago and –</p> <p>9 Thomas. It was the Thomas case, T-H-O-M-A-S, in</p> <p>10 Orlando.</p> <p>11 Q. Is that the Thomas versus Government</p> <p>12 Employees Insurance Company case?</p> <p>13 A. I don't know. Attorney Salzman was</p> <p>14 the attorney.</p> <p>15 Q. Was that sometime around 2017?</p> <p>16 A. I'm going to say, like, ten years</p> <p>17 ago. It seemed like forever.</p> <p>18 Q. How about the Collett, C-O-L-L-E-T-T,</p> <p>19 versus Fisher case, are you aware of that case?</p> <p>20 A. That was a case where an attorney did</p> <p>21 not appropriately list me as a physician doing a</p> <p>22 life care plan. But I've never been aware of</p> <p>23 any Daubert cases.</p> <p>24 Q. Are you aware that, under the Collett</p> <p>25 case, that the Daubert challenge was successful</p>

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<p style="text-align: right;">Page 50</p> <p>1 upon you?</p> <p>2 A. No, I do not.</p> <p>3 Q. And the Collett case was with</p> <p>4 Attorney Donny Owens with Morgan & Morgan.</p> <p>5 Do you know him?</p> <p>6 A. No. I mean, I remember some kind of</p> <p>7 case where they did not present me appropriately</p> <p>8 as almost very similar to what I got in this</p> <p>9 contract, as the treating physician doing a life</p> <p>10 care plan, but I did not think that was</p> <p>11 successful. But it was not my opinions that</p> <p>12 were challenged, that I'm aware of.</p> <p>13 Q. You don't think in the Collett case</p> <p>14 that they changed the methodology or opinions</p> <p>15 that you utilized?</p> <p>16 A. I think that's what they were going</p> <p>17 after, but they didn't understand my background</p> <p>18 and training. I don't know, counselor. But,</p> <p>19 certainly, it's not germane to what I do in my</p> <p>20 practice in life.</p> <p>21 Q. Have you read the Collett case?</p> <p>22 A. No.</p> <p>23 Q. It was issued in 2022 from the Middle</p> <p>24 District Florida Jacksonville Division.</p> <p>25 You're not aware of what the specific</p>	<p style="text-align: right;">Page 52</p> <p>1 and I wrote a letter or something, but no. I</p> <p>2 would like to get a copy of that so I can end up</p> <p>3 having it in my file that almost all of the</p> <p>4 doctors were challenged and granted, so it</p> <p>5 sounds like it was a problem with the case.</p> <p>6 Q. Doctor, when were you first hired in</p> <p>7 Mrs. Wadsworth's case?</p> <p>8 A. I don't know, since I don't have a</p> <p>9 contract. I get a phone call. My staff – I do</p> <p>10 talk to an attorney. And then we get records</p> <p>11 sent to us, and then we schedule the patient.</p> <p>12 And so I presume I was contacted about two</p> <p>13 months prior to my seeing her.</p> <p>14 Q. At least, in looking at your invoice,</p> <p>15 it looks like the retainer was sent or received</p> <p>16 2/23/24.</p> <p>17 Would that coincide with roughly when</p> <p>18 you were retained on this case?</p> <p>19 A. Well, I would have received – that</p> <p>20 would be when they wrote the check. So I</p> <p>21 presume, two or three weeks prior to that, I</p> <p>22 would have been retained. And we call and tell</p> <p>23 them to set up an appointment and so forth.</p> <p>24 My staff just walked in. The intake</p> <p>25 was February 14, 2024, I got a call.</p>
<p style="text-align: right;">Page 51</p> <p>1 decision is in that case, are you?</p> <p>2 A. No, not at all. I knew they were</p> <p>3 fighting, and I said something to the attorneys</p> <p>4 and they never got back to me. So this is news</p> <p>5 to me.</p> <p>6 Q. Okay.</p> <p>7 Just to show you the decision here,</p> <p>8 to the extent you want to look into it further,</p> <p>9 you can see that defendants' motion to strike or</p> <p>10 limit testimony of Dr. Ronald Synder was</p> <p>11 granted.</p> <p>12 A. And it looks like multiple were</p> <p>13 granted. It looked more like a problem with</p> <p>14 lawyering to me.</p> <p>15 MR. AYALA: Let me just object to the</p> <p>16 form of the question, and I'll leave it at</p> <p>17 that. I'll object to the form of the</p> <p>18 question.</p> <p>19 BY MR. LaFLAMME:</p> <p>20 Q. Doctor, so it sounds like,</p> <p>21 ultimately, you don't know what the end result</p> <p>22 was of the Collett case, and that this was the</p> <p>23 first time that you've heard that your testimony</p> <p>24 was successfully challenged in that case?</p> <p>25 A. Yes, I remember them discussing it,</p>	<p style="text-align: right;">Page 53</p> <p>1 THE WITNESS: Thank you.</p> <p>2 Q. And who was that from your staff that</p> <p>3 just walked in?</p> <p>4 A. My secretary.</p> <p>5 Q. So February 14, 2024 was when you</p> <p>6 first received the call to see if you could or</p> <p>7 would work on this case?</p> <p>8 A. That would have been the date that I</p> <p>9 spoke with an attorney, yes.</p> <p>10 Q. And do you know which attorney you</p> <p>11 spoke with? Was it Mr. Ayala or someone else?</p> <p>12 A. I do not. I presume it's Dr. Ayala.</p> <p>13 MR. LaFLAMME: You've been elevated</p> <p>14 to doctor.</p> <p>15 A. Oh, counselor, sorry.</p> <p>16 MR. AYALA: We receive an juris</p> <p>17 doctorate for a reason.</p> <p>18 MR. LaFLAMME: Yes, that is true.</p> <p>19 THE WITNESS: You're a JD,</p> <p>20 absolutely.</p> <p>21 MR. AYALA: I'll just note he had a</p> <p>22 Puerto Rico license, but in Puerto Rico,</p> <p>23 you're referred to as doctor.</p> <p>24 THE WITNESS: Exactly.</p> <p>25 BY MR. LaFLAMME:</p>

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<p style="text-align: right;">Page 54</p> <p>1 Q. All right.</p> <p>2 Well, as far as – so it sounds like</p> <p>3 Mr. Ayala would have been the first attorney</p> <p>4 that you spoke with when you opened this case;</p> <p>5 is that correct?</p> <p>6 A. It's just, basically, we run over</p> <p>7 60,000 feet the story of what I'm going to be</p> <p>8 seeing. And they, basically, get the records to</p> <p>9 me. And most of the time, my questioning is the</p> <p>10 timeline, because I'll get a referral and they</p> <p>11 want to get a life care plan in six weeks, and</p> <p>12 it can't be done. So I, basically, try to</p> <p>13 understand what I can do and what I can't do for</p> <p>14 the system, and then we ask for the records and</p> <p>15 we fly.</p> <p>16 Q. Now, have you worked with Mr. Ayala</p> <p>17 previously?</p> <p>18 A. I don't know.</p> <p>19 THE WITNESS: I mean, counselor, your</p> <p>20 face looks familiar, maybe, but I don't</p> <p>21 remember.</p> <p>22 A. Again, you know, my exposure to the</p> <p>23 attorneys is a phone call, and then about only</p> <p>24 20 percent end up with depositions, so I don't</p> <p>25 see the attorneys. The name doesn't even cross</p>	<p style="text-align: right;">Page 56</p> <p>1 so forth, but that's all. But not for opinions.</p> <p>2 That would be, basically, organizing the visit.</p> <p>3 Q. And then with Mr. Ayala, it sounds</p> <p>4 like you would have received an initial</p> <p>5 reach-out from him in February 2024. And I</p> <p>6 think you described it as a 60,000 foot view of</p> <p>7 the case that you would have been provided at</p> <p>8 that point, correct?</p> <p>9 A. Correct. What the story? What's the</p> <p>10 events? Timelines. And get the records to me.</p> <p>11 And then the retainer. And I just want to make</p> <p>12 sure my schedules would fall within their</p> <p>13 schedules being able to do the case.</p> <p>14 Q. Do you have any sort of intake form</p> <p>15 where you take notes related to that initial</p> <p>16 call?</p> <p>17 A. I don't take notes. But it's just</p> <p>18 part of – sometimes I will open up the report</p> <p>19 and type a couple of the lines in. And now I've</p> <p>20 opened up a document that I'm going to be adding</p> <p>21 to over the next four months. But I don't</p> <p>22 remember on this case. My staff, she just</p> <p>23 looked it up in the calendar.</p> <p>24 Q. And the report that you have</p> <p>25 described as a working document, is that a</p>
<p style="text-align: right;">Page 55</p> <p>1 my mind at all on the case at all. So I</p> <p>2 unfortunately am not that oriented, from a</p> <p>3 public relations point, to know all the</p> <p>4 attorneys that reach out to me.</p> <p>5 Q. Are there any other attorneys for</p> <p>6 Mrs. Wadsworth that you have worked with on this</p> <p>7 case besides Mr. Ayala?</p> <p>8 A. I have no idea who she has, as far as</p> <p>9 attorneys. I only know this particular</p> <p>10 situation.</p> <p>11 Q. A Greyson Goody, does that name sound</p> <p>12 familiar?</p> <p>13 A. Not that I'm aware of.</p> <p>14 Q. And I believe an Eitan Goldrosen is</p> <p>15 another attorney from Morgan & Morgan that has</p> <p>16 done some work on this case.</p> <p>17 A. I don't know. That's certainly not</p> <p>18 familiar. He could have put something in the</p> <p>19 file that went to my staff. But I certainly</p> <p>20 don't know the name or focused on any of that.</p> <p>21 Q. How about any of the paralegals at</p> <p>22 Morgan & Morgan, have you worked with them on</p> <p>23 this matter?</p> <p>24 A. My staff would have talked to the</p> <p>25 paralegals as far as setting up appointments and</p>	<p style="text-align: right;">Page 57</p> <p>1 template that you basically have and then you</p> <p>2 fill it in on a per-case basis?</p> <p>3 A. Yeah. So I, basically, have the</p> <p>4 classic history that you fill in. And then I</p> <p>5 take the records, the past medical records. If</p> <p>6 the patient has been identified as having</p> <p>7 allergies, while I'm doing a review of records,</p> <p>8 I'll put it in the classic medical history. So</p> <p>9 I, basically, have a pretty normal medical,</p> <p>10 orthopedic, neurology template that I use. And</p> <p>11 then I have five or six different types of,</p> <p>12 like, for an amputation or whatever, to help me</p> <p>13 make sure I fill in my boxes and do what's</p> <p>14 necessary.</p> <p>15 Q. Have you reviewed any deposition</p> <p>16 testimony in this case?</p> <p>17 A. Not that I remember. I certainly did</p> <p>18 not review any in preparation for today. I</p> <p>19 don't believe I saw any. I don't know.</p> <p>20 Certainly, not in preparation for the</p> <p>21 deposition. I can see if I've got records. I</p> <p>22 don't remember.</p> <p>23 Q. In your report at page 3, you do have</p> <p>24 a list of documents reviewed.</p> <p>25 A. Right.</p>

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<p style="text-align: right;">Page 58</p> <p>1 Q. Are those all the documents that you 2 would have reviewed as part of your work in this 3 case? 4 A. Correct. 5 Q. Are there any additional documents 6 that you have reviewed since you authored this 7 report that are not listed in this report? 8 A. No. The only thing I've gotten back 9 is that they had not received my questionnaire, 10 so, no, I got nothing back. I have nothing new 11 that I'm aware of. 12 Q. And there are not any – there is not 13 any deposition testimony listed as part of your 14 "Documents Reviewed," so does that tell you that 15 you have not reviewed any deposition testimony? 16 A. That is correct. 17 Q. And since it's not listed under 18 "Documents Reviewed," I presume you have not 19 reviewed any of the videos or body camera 20 footage from the evening of the accident – or 21 the morning of the accident? 22 A. I did get – they did send me some 23 photos acutely, and I think I did see – I'm 24 trying to remember if I had my staff download 25 it, or something from the news, something of an</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. When you say "the premise of the 2 report," what do you mean by that? 3 A. My evaluation that the hoverboard 4 caught on fire and that's what lead to this. I 5 certainly was not a factfinder of asking her 6 what she saw or what she didn't see and so 7 forth. It was my understanding that she 8 understood that a hoverboard caught on fire. 9 Q. And did you ask her any 10 questions about – understanding you said you 11 weren't a factfinder, but did you ask any 12 questions about what occurred that night, what 13 she witnessed, those types of things? 14 A. Well, she woke up, the house was on 15 fire. She ran out of her bedroom. She helped 16 one of the children out of the house. She 17 realized she had to come back in to get another 18 child. And then she didn't remember much more 19 than that. She remembered a moment being 20 outside. She remembered a moment in the 21 helicopter or ambulance, and then nothing else. 22 So those are the scattered little pieces of her 23 memory that she told me. 24 Q. Okay. 25 Any discussion with Mrs. Wadsworth</p>
<p style="text-align: right;">Page 59</p> <p>1 video, an interview of the gentleman who got her 2 out of the house. I did review some of that. 3 Q. Was that a news clip, as opposed to 4 body camera footage from the responding 5 officers? 6 A. Counselor, I don't remember. I would 7 have seen it just before I saw the patient. And 8 that just kind of – as a physician, I'm just 9 trying to get an idea of what I'm going to be 10 seeing before I see the patient. It does not 11 ultimately add anything to my long-term 12 planning. It just gets me ready and prepared to 13 see the patient. 14 Q. Okay. 15 As part of your interview process 16 with Mrs. Wadsworth, did you have any discussion 17 about what may have caused the fire? 18 A. Certainly – it was certainly the 19 background, I understand that there was a 20 hoverboard that caught on fire. I don't – I 21 knew that as, generally, the question that was 22 being at hand. I am not a factfinder, so I 23 don't remember questioning her specifically what 24 she saw or did, but I just knew that was the 25 premise of the report.</p>	<p style="text-align: right;">Page 61</p> <p>1 about the fire potentially starting at a smoking 2 shed that was outside the boys' bedroom? 3 A. No. 4 Q. Have you ever heard that before? 5 A. I have not. 6 Q. Understanding you're here as a life 7 care expert, just to get this on the record, I 8 presume you are not offering any opinions or 9 testimony about where the fire, number one, may 10 have originated, correct? 11 A. That is correct. 12 Q. And you're not offering any opinions 13 or testimony about what the potential cause or 14 causes of the fire may have been, correct? 15 A. Correct. I'm, basically, dealing 16 with a burned patient and her long-term needs. 17 Q. And although you're aware that the 18 claim in this case is that it started at the 19 hoverboard, you're just aware of that as being 20 one of the issues in the case? 21 A. It was the only issue that I was 22 aware of until just now. 23 Q. And I assume, as the life care 24 planning expert, you haven't talked to any of 25 the investigators that were involved in the</p>

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<p style="text-align: right;">Page 62</p> <p>1 origin and cause investigation, correct?</p> <p>2 A. That's correct.</p> <p>3 Q. Are there any documents that you</p> <p>4 asked for as part of your evaluation in this</p> <p>5 case that you are waiting to receive or just</p> <p>6 have not been given?</p> <p>7 A. After I saw the patient, I did speak</p> <p>8 with counsel, indicating that I could not put in</p> <p>9 the specific types of plastic surgical</p> <p>10 procedures, the types of pulmonary procedures</p> <p>11 and so forth; that if he did do that, then I</p> <p>12 would have to – I would then do the research</p> <p>13 and the costs. So I did have listed the</p> <p>14 procedures that I could not do pricing for that</p> <p>15 I suggested would ultimately come if I got</p> <p>16 further documentation. And that would be found</p> <p>17 on page 64.</p> <p>18 Q. Okay.</p> <p>19 A. That I could not do life care</p> <p>20 planning as a psychiatrist, and, therefore,</p> <p>21 suggested that we were going to need some</p> <p>22 additional consultations, if I were to put those</p> <p>23 values into the life care plan.</p> <p>24 Q. Since we've been referring to your</p> <p>25 report, Doctor, why don't we just go ahead and</p>	<p style="text-align: right;">Page 64</p> <p>1 I sent that the attorneys, and then they could</p> <p>2 call me and say What's the value of this? So I</p> <p>3 put this into an Excel report. I have a young</p> <p>4 high school graduate who is very good at Excel</p> <p>5 reports, who I try to protect, because I don't</p> <p>6 want her having to testify. So I put in red,</p> <p>7 "This spreadsheet of Lifetime Costs is provided</p> <p>8 as a Professional Courtesy. As it is a Work</p> <p>9 Product, it is NOT to be released or published.</p> <p>10 Additionally, this document does not replace the</p> <p>11 findings and work of an Economist."</p> <p>12 So this is the shorthand version to</p> <p>13 give the attorney as to what the ultimate value</p> <p>14 would be, but I can't testify as to the veracity</p> <p>15 of the numbers. But it is a shorthand idea of</p> <p>16 what the life care plan really is.</p> <p>17 Q. When you say you can't testify to the</p> <p>18 veracity of the numbers, what do you mean by</p> <p>19 that?</p> <p>20 A. That's what I mean. This is work</p> <p>21 product. A young high school girl does it for</p> <p>22 me. I don't know how to do the equations and so</p> <p>23 forth. So this is, basically, to provide to the</p> <p>24 attorneys on the side. This is not the life</p> <p>25 care plan. This is, basically, a summary, so</p>
<p style="text-align: right;">Page 63</p> <p>1 mark it.</p> <p>2 I'm going to show you a copy of your</p> <p>3 report. And we can mark your report as Exhibit</p> <p>4 64.</p> <p>5 (Exhibit 64, Life Care Plan Report</p> <p>6 prepared by Ronald Snyder, M.D., is</p> <p>7 received and marked for identification.)</p> <p>8 Q. And just so we can confirm that we're</p> <p>9 on the same page here, obviously, I won't page</p> <p>10 through all 172 pages to have you authenticate</p> <p>11 them, but here is the first page, and it's 172</p> <p>12 pages long.</p> <p>13 Is that consistent with the report</p> <p>14 that you authored in this case?</p> <p>15 A. That is correct.</p> <p>16 Q. And then I'll also mark as Exhibit</p> <p>17 65, I've call it the Life Care Plan Summary, I</p> <p>18 don't know if you have a different name for it,</p> <p>19 but it is a five-page document that, kind of,</p> <p>20 basically, boils down the 172 pages into a</p> <p>21 little more readable format.</p> <p>22 (Exhibit 65, Lifetime Cost Summary,</p> <p>23 is received and marked for identification.)</p> <p>24 A. What it is, the life care plan is</p> <p>25 what we just spoke about, the Word document.</p>	<p style="text-align: right;">Page 65</p> <p>1 they can get an idea of what the costs would be,</p> <p>2 but it's not the life care plan.</p> <p>3 Q. So in going through and looking at</p> <p>4 the average costs per lifetime figures, do you</p> <p>5 verify that these figures are consistent with</p> <p>6 what's in your expert report?</p> <p>7 A. No. That's why I'm saying, I send</p> <p>8 this to the attorneys for a shorthand term and</p> <p>9 say very, very specifically that this</p> <p>10 spreadsheet of lifetime costs is provided as a</p> <p>11 professional courtesy. This gives them a</p> <p>12 shorthand understanding of the value of the</p> <p>13 case.</p> <p>14 Q. So as far as the numbers that are</p> <p>15 listed here, understanding you have a high</p> <p>16 school grad employee or 1099 consultant help you</p> <p>17 out with this, you don't do anything to verify</p> <p>18 that these numbers are indeed correct?</p> <p>19 A. That is correct. It's, basically, to</p> <p>20 give them a general idea of the value of the</p> <p>21 case. That's why it's in full red. I try to</p> <p>22 protect her at all costs.</p> <p>23 Q. And then I presume the lifetime total</p> <p>24 of \$3.698 million and some change, have you</p> <p>25 verified whether that total is correct?</p>

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<p style="text-align: right;">Page 66</p> <p>1 A. No. Basically, this is something I 2 give to the attorneys, so that they can end up 3 getting an idea of what they ultimately send to 4 an economist. And the economists do not use 5 this. They use the actual 172-page report for 6 them to do their own reports. 7 Q. And in your report, you do not 8 provide any final figures, correct, as far as 9 what the overall life care plan would cost? 10 A. Correct. I, basically, do a weekly, 11 yearly, monthly of the values. And then I have 12 that report ultimately go to the economists, 13 because they do lots of other manipulations with 14 those numbers for an ultimate amount of money 15 that should be involved. 16 Q. Okay. 17 So you would ultimately rely on an 18 economist to provide the final life care plan 19 figures that would be claimed as damages in this 20 case? 21 A. That's correct. 22 Q. Okay. 23 So as you sit here today, you, as a 24 life care planner, you do not provide the final 25 figures that would be attributable to the damage</p>	<p style="text-align: right;">Page 68</p> <p>1 A. Correct, correct. She had them for 2 me when we arrived. They were completed and, 3 again, she handed them to us at that time. 4 Q. And the questionnaires that we have 5 for the Medical Questionnaire 1 of 3, Medical 6 Questionnaire 2 of 3, I presume that these were 7 two-sided documents or two-sided pages because 8 we only – 9 A. Correct. They came to me – what I 10 have here are two-sided, so I think she printed 11 them out two-sided and then completed them. I 12 have them. So I think when she printed them out 13 – I don't know. I have the originals here and 14 one page is upside down and so forth. And this 15 is what she handed to me. When she printed them 16 out, that's the way they printed. She filled 17 them out and then gave them to us. 18 Q. Do you have – and I ask you this, 19 Doctor, because for Questionnaires 1 and 2, we 20 only have the odd-numbered pages. 21 (Phone interruption.) 22 A. Well, when they scanned it – I do 23 have both sides. I apologize. I presume – 24 it's very rare to have something on both sides. 25 So I guess my secretary may have just</p>
<p style="text-align: right;">Page 67</p> <p>1 claim, correct? 2 A. Correct. 3 Q. Are you aware of any economist that 4 has done the calculations relative to your life 5 care plan in this case? 6 A. I am not. 7 Q. Okay. 8 Is it a typical situation where – or 9 let me take a step back. 10 Generally, when you do your life care 11 plans, are you in contact with the economist to 12 provide them your life care plan? 13 A. No. Most of the time, my reports are 14 simply sent to the economists. Occasionally, 15 I'll get a phone call wanting me to define 16 biweekly or some kind of a question as far as 17 verbiage. But the majority of the time I am not 18 contacted by the economists. 19 Q. Okay. 20 And then there were three 21 questionnaires that you had Mrs. Wadsworth 22 complete? 23 A. Yes. 24 Q. And they were completed prior to your 25 home visit; is that accurate?</p>	<p style="text-align: right;">Page 69</p> <p>1 perfunctorily scanned them in. I can do that 2 now, if you'd like, and get them sent to you. 3 Q. If you could do that and have them 4 rescanned just so that we have all the pages. 5 And let me just walk through to tell 6 you what I have to make sure that whatever we're 7 going to get from you is all encompassing. 8 So for Medical Questionnaire No. 1, I 9 have the odd pages up to a page 7. I'm not sure 10 how many pages in totally is. 11 A. And it actually is 8. 12 Q. Okay. 13 And then for the Medical 14 Questionnaire 2 of 3, I have the odd-numbered 15 pages up to a page 33. And then there is that 16 same BECK Inventory Questionnaire attached that 17 has page 7, so I'm not sure if that was just 18 accidentally attached to the end of that one. 19 A. The BECK Inventory would have been 20 part of the first. I don't know why. 21 Q. Okay. 22 A. And the second report goes to page 23 34. 24 Q. Okay. 25 And then for Medical Questionnaire 3</p>

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<p style="text-align: right;">Page 70</p> <p>1 of 3, I have pages 1 through 5 all in 2 consecutive order, so I do have the 3 even-numbered pages there. 4 Is that the full report or the full 5 questionnaire? 6 A. That is the full report. 7 MR. LaFLAMME: Then why don't we take 8 a quick break. We've been going around an 9 hour and a half anyway, so it's probably 10 about that time. Could you have the full 11 copies of Questionnaires 1 and 2 forwarded. 12 And I can put my e-mail in the chat. 13 THE WITNESS: I will have my staff 14 send it to plaintiff's counsel and they can 15 forward it to you. 16 Okay? 17 Q. Okay. 18 A. Because she's got that on her system. 19 MR. LaFLAMME: Why don't we take a 20 quick five minutes here. 21 (Recess.) 22 BY MR. LaFLAMME: 23 Q. Doctor, we talked quickly off the 24 record. You're going to get me copies through 25 Attorney Ayala for the two questionnaires, No. 1</p>	<p style="text-align: right;">Page 72</p> <p>1 now have a place where I have them sign who 2 completed it, so I have a document. But, 3 certainly, it was my understanding she completed 4 it. 5 Q. And I'm asking this because I don't 6 have the final signature page for two of them, 7 is there a signature page for each of the three 8 questionnaires? 9 A. No. I indicated, I am now starting 10 to put signatures on. I did not have it for 11 this particular case. But I've been asked so 12 many times, I said, All right, I've got to add a 13 signature so I've reconfigured the report. 14 Q. Well, at least our defense attorneys 15 are staying consistent. 16 A. You are. 17 Q. So your form is updated now that it 18 does have a signature page for the patient? 19 A. And a date, yes. 20 Q. Okay. 21 And these questionnaires, are these 22 template questionnaires or are they fashioned 23 for each case? 24 A. They're templates. One is a classic 25 medical history, including a list of the</p>
<p style="text-align: right;">Page 71</p> <p>1 and No. 2, that were missing some pages, so 2 we'll hold off going through those in any 3 detail. 4 But just generally discussing the 5 questionnaires, those three questionnaires would 6 have been sent to Mrs. Wadsworth in advance of 7 your home meeting? 8 A. Correct. 9 Q. And would you have received the 10 responses prior to your home evening or are 11 those given to you at that meeting? 12 A. I believe she gave them to me at the 13 meeting. 14 Q. Were they already completed at that 15 point or did she complete them while you were 16 there for your home meeting? 17 A. They were completed before. She 18 handed them to us and we go through the 19 questionnaire with her. 20 Q. Okay. 21 And as far as you understand, it is 22 Stephanie that completed each of the three 23 questionnaires herself, correct? 24 A. Correct. That's an interesting 25 question. I've been asked that so many times I</p>	<p style="text-align: right;">Page 73</p> <p>1 doctors, their medications, their allergies, 2 prior surgeries and so forth. The other is a 3 34-page document that asks all sorts of just 4 activities of daily living questions; are you 5 able to do this, are you able to do that, from 6 personal care to community. 7 Q. With respect to your home visit, I 8 know you indicated that you had to do somewhat 9 of a physical exam on Mrs. Wadsworth, correct? 10 A. Yes, I did. 11 Q. What else is done during that 12 four-hour visit? 13 A. I normally start off with reviewing 14 with the patient the records that I received, so 15 that if she remembers some of the 16 hospitalizations and so forth, I review those 17 with the patient. 18 Since I had treating doctors, present 19 medications, allergies and prior surgeries, I 20 review all of those with the patient to make 21 sure I understand, so that my report is going to 22 be up to date and that the patient agrees to it. 23 We then ask about, particularly, in 24 the questionnaires that are going to be redone, 25 what you are able to do, what are you not able</p>

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<p style="text-align: right;">Page 74</p> <p>1 to do. So I review the questionnaires with the 2 patient as well, as well as what my 3 understanding of the past medical records 4 entailed. That normally takes about an hour. 5 I then basically do a physical exam. 6 And so we do a medical exam. And then depending 7 upon the problems, we would end up doing a 8 neurological evaluation, an orthopaedic 9 evaluation. And then in this particular case, 10 we looked at the skin and looked at all of the 11 burned areas and photographed those. 12 I did not see her back live. She was 13 very embarrassed so those pictures of the back 14 were taken with my female doctor when she went 15 in the bedroom and took those pictures. I did 16 look at them on my way driving back to the 17 hotel, but I did not physically take those 18 photographs, but I wanted to see what her back 19 looked like. 20 Then, normally, what we do, I review 21 with the patient kind of like what I think needs 22 to be in the life care plan. Are they in 23 agreement? Are they in disagreement? Who 24 should I reach out for treatment to get better 25 understandings and so forth.</p>	<p style="text-align: right;">Page 76</p> <p>1 would put that in the report. All the surgeries 2 that have been done, I have that in the list as 3 well. And then I sit down and, basically, 4 review that with the patient. I find sometimes 5 there's an error in prior surgeries, so I get a 6 date of when prior surgeries were performed and 7 so forth. We try to make sure it's completed 8 and the patient kind of feels with what her past 9 medical history has been. 10 Q. Doctor, do you have a hard copy of 11 your report in front of you? 12 A. I do. 13 Q. Is it all 172 pages? 14 A. I do. 15 Q. All right. 16 I presume it's probably easier for 17 you to work off your hard copy than it is to 18 look off my computer screen. 19 A. It is. 20 Q. All right. 21 Why don't we proceed that way, then. 22 I won't pull it up on the computer. I have a 23 hard copy in front of me as well, so we should 24 be able to communicate. We'll just need to make 25 sure we reference page numbers and everything to</p>
<p style="text-align: right;">Page 75</p> <p>1 So the next part in her case was 2 tying it all together. Often, that period of 3 time is spent with me walking around the house, 4 looking at pieces of equipment, activities of 5 daily living, braces, canes, wheelchairs, home 6 modifications and so forth, which were not 7 required in this particular case. 8 And then we, basically, review with 9 the patient what I think I'm going to be putting 10 in the life care plan, and then we head out. It 11 takes about two to four hours, depending upon 12 what we're going to be doing in reviewing and so 13 forth. 14 Q. The medical records that you go with 15 her, do you physically have hard copy medical 16 records with you at the appointment? 17 A. No. Basically, what is the first two 18 or three pages of my report, that's what I go 19 through with my understanding. 20 Q. So when you go for the home visit, 21 have you already started filling in your report 22 template? 23 A. Yes. So, basically, the report has 24 the review of records. And if the review of 25 records says she is allergic to bee stings, I</p>	<p style="text-align: right;">Page 77</p> <p>1 each other. 2 Fair enough? 3 A. Sure. 4 Q. All right. 5 And, Doctor, what else do you have in 6 front of you for this deposition? 7 A. Well, I have my computer. I have the 8 fax that I sent yesterday to Dr. LeChapelle's 9 office asking again – I do have a copy of the 10 check that I sent to him. 11 And then in this notebook, I have the 12 life care plan, I have my Elkins, I have my CV, 13 my usual and customary fees, my deposition 14 notice, my billing, my billing for the depo, and 15 the questionnaires that were forwarded to the 16 treating doctor. 17 Q. Okay. 18 And your deposition notice was a 19 duces tecum notice, correct; meaning we asked 20 you to produce some documents as part of this 21 process? 22 A. Correct. 23 Q. And the documents we asked you to 24 produce was more or less your expert file. And 25 I know you provided Attorney Ayala some</p>

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<p style="text-align: right;">Page 78</p> <p>1 documents, I don't know whether it was last week 2 or not, but we got them last week. 3 Is it your understanding that you 4 provided your full discoverable expert file to 5 Attorney Ayala? 6 A. I do. But I don't send the medical 7 records that I have. I request defense or 8 plaintiff to go ahead and send that. Because 9 every once in a while, I have some records that 10 were reported to you while I'm on the road 11 someplace, and I'll look at it on my laptop and 12 I fail to file it, so I do ask for plaintiffs to 13 forward a complete set of records to you. 14 Q. Okay. 15 And just so we're clear, I think I've 16 asked this before, though, but the documents 17 that you did review, the medical records you 18 reviewed are all itemized on pages 3, 4 and 5 of 19 Exhibit 64, and it lists 47 different groups of 20 medical records that you've reviewed? 21 A. That's correct. 22 Q. And you have not received any 23 additional medical records beyond those that are 24 listed in your report, correct? 25 A. That's correct. I have not worked on</p>	<p style="text-align: right;">Page 80</p> <p>1 A. No. I had asked plaintiff's counsel 2 several things that I thought needed to be 3 accomplished in order for this to be a more 4 valuable document in the course, such as needing 5 to perhaps talk to this Dr. LeChapelle, I needed 6 that report. I did ask counsel whether or not 7 they wanted me to do a life care plan for the 8 young boy, because he obviously had scars, and I 9 have not. I also indicated that I thought I 10 should talk with pulmonary because she has had 11 some problems with that. 12 So I indicated that the life care 13 plan is put together as best I could for now, 14 but I thought that there are some pieces missing 15 that could more appropriately meet her 16 challenges if I had some additional 17 documentation. 18 Q. Doctor, it looks like Mr. Ayala has 19 now sent me a copy of the questionnaires. 20 A. And let me get mine back. My 21 secretary has it. 22 Q. Okay. 23 MR. AYALA: And, Eugene, she just 24 sent another one right now, and I think she 25 was able to flip the pages, so let me send</p>
<p style="text-align: right;">Page 79</p> <p>1 this case since I saw the patient and generated 2 this report. 3 Q. All right. 4 In looking at the report, the date of 5 the report is 6/4/2024 on page 1. 6 Do you see that? 7 A. Yes. 8 Q. And is that the last time you would 9 have done any substantive work on your opinion 10 for this case? 11 A. Correct. That's when I would have 12 received the research – looked at the research 13 and put the whole thing together and signed it 14 and got it off to plaintiff. So that's normally 15 the date that I send it to plaintiff's 16 attorneys. 17 Q. When you're talking about the 18 research, is that the research that Leslie does 19 on pricing? 20 A. Correct. And I have somebody who is 21 doing proofreading and so forth, so it's a team 22 effort. 23 Q. Since you've issued the report on 24 June 4, 2024, have you been asked to do any 25 additional work?</p>	<p style="text-align: right;">Page 81</p> <p>1 that one to you. 2 MR. LaFLAMME: Okay. 3 Betsy, we can go off the record. 4 (Off the record.) 5 BY MR. LaFLAMME: 6 Q. For these, Doctor, I will share them, 7 just to make sure I have the full copies. 8 So looking at Medical Questionnaire 9 No. 1 of 3, this is a questionnaire that's 10 completed by Mrs. Wadsworth that has ten pages. 11 And I'll just page through it quickly. Page 7 12 is blank. Then it jumps to 9. But I think it's 13 just out of order, because you have pages 7 and 14 8 at the back end of that, which is the BECK 15 Inventory Questionnaire. 16 A. Correct. That is the complete form. 17 MR. LaFLAMME: So we will mark 18 Questionnaire No. 1 as Exhibit 66. 19 (Exhibit 66, Questionnaire No. 1, is 20 received and marked for identification.) 21 Q. And then Questionnaire No. 2 is the 22 Activities of Daily Listing Checklist. And 23 that's a 34-page document, and although there 24 were a couple of pages that were out of order, 25 but they all appear to be there, so it's 34</p>

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<p>Page 82</p> <p>1 pages on your end?</p> <p>2 A. That's correct, yes.</p> <p>3 MR. LaFLAMME: So we will mark that</p> <p>4 as Exhibit 67.</p> <p>5 (Exhibit 67, Questionnaire No. 2, is</p> <p>6 received and marked for identification.)</p> <p>7 Q. And then the third one is Medical</p> <p>8 Questionnaire 3 of 3, which has six pages, but</p> <p>9 it looks like really it's a five-page document</p> <p>10 with the sixth being a blank page.</p> <p>11 A. That's correct.</p> <p>12 MR. LaFLAMME: So we will mark that</p> <p>13 as Exhibit 68, Questionnaire No. 3.</p> <p>14 (Exhibit 68, Questionnaire No. 3, is</p> <p>15 received and marked for identification.)</p> <p>16 Q. And those are all the three</p> <p>17 questionnaires that Mrs. Wadsworth has completed</p> <p>18 in this case, correct?</p> <p>19 A. That's correct.</p> <p>20 Q. Or at least with respect to your</p> <p>21 work?</p> <p>22 A. That's correct.</p> <p>23 Q. Now, getting back to your report, on</p> <p>24 page 2 at the bottom, there's a reference to</p> <p>25 some outpatient physical therapy that</p>	<p>Page 84</p> <p>1 was for vision. And one was for an episode of</p> <p>2 cellulitis.</p> <p>3 Do you see that?</p> <p>4 A. Correct, of the ear, yes.</p> <p>5 Q. Those three visits are unrelated to</p> <p>6 her burn injuries, correct?</p> <p>7 A. Well, the rash on the ear, I believe</p> <p>8 that was an infection of the burn. And the</p> <p>9 callus of the foot was also from the burns.</p> <p>10 Q. Where is there a callus from the</p> <p>11 foot? Oh, you're talking about the one below</p> <p>12 that. I wasn't talking about that one.</p> <p>13 A. Yeah.</p> <p>14 All of those are related, from my</p> <p>15 understanding, as secondary complications from</p> <p>16 the burns.</p> <p>17 Q. Okay.</p> <p>18 A. And the vision, she knew she had</p> <p>19 problems with corneal burns and that she was</p> <p>20 having some blurred visions, so she ended up</p> <p>21 seeking medical treatment. It sounds like they</p> <p>22 just found regular vision problems, a stigma and</p> <p>23 so forth, but she sought that because she</p> <p>24 thought she had a burn of the cornea.</p> <p>25 Q. So you think that the vision</p>
<p>Page 83</p> <p>1 Mrs. Wadsworth did through High Plains Physical</p> <p>2 Therapy.</p> <p>3 Do you see that?</p> <p>4 A. Correct.</p> <p>5 Q. Okay.</p> <p>6 Is that the physical therapy outfit</p> <p>7 that she stopped going to?</p> <p>8 A. Correct. From my understanding, yes.</p> <p>9 And she indicated that they did not</p> <p>10 know how – they, basically, were orthopedic</p> <p>11 physical therapists, not burn therapists.</p> <p>12 Q. Okay.</p> <p>13 Has she undergone any physical</p> <p>14 therapy since being released from the hospital,</p> <p>15 other than with High Plains Physical Therapy?</p> <p>16 A. Not that I'm aware of. I mean, she</p> <p>17 does the classic kind of stretching of the</p> <p>18 scars. When she puts her Vaseline on, she does</p> <p>19 break up some scar tissue and so forth. But I</p> <p>20 do not know if she's had any actual physical</p> <p>21 therapy from that point on – or from that point</p> <p>22 on, I should say.</p> <p>23 Q. On page 3, you reference a couple of</p> <p>24 hospitalizations or medical appointments that</p> <p>25 she had. It looks like one was for COVID. One</p>	<p>Page 85</p> <p>1 treatment with Desert View Eye Care is related</p> <p>2 to the burn injuries?</p> <p>3 A. No, but she sought evaluation because</p> <p>4 of the potential. But what the diagnosis was</p> <p>5 was the usual optometric problems of growing</p> <p>6 older.</p> <p>7 Q. Okay.</p> <p>8 And then the COVID issue, obviously,</p> <p>9 unrelated to her burn injuries, correct?</p> <p>10 A. Correct.</p> <p>11 Q. Okay.</p> <p>12 On page 13, you discuss the current</p> <p>13 treatment that she is going through.</p> <p>14 And at No. 3a on that page, you</p> <p>15 reference some laser therapy and injections,</p> <p>16 correct?</p> <p>17 A. Correct.</p> <p>18 Q. Do you know what frequency she is</p> <p>19 getting laser therapy?</p> <p>20 A. Not much at all. So she can't get it</p> <p>21 locally. It's a three-hour drive. And by the</p> <p>22 time she drives and waits for the appointment,</p> <p>23 gets the treatment and so forth, she's,</p> <p>24 basically, indicating that she can't afford it.</p> <p>25 Also, she has to have her husband take off to do</p>

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<p style="text-align: right;">Page 86</p> <p>1 it.</p> <p>2 So, I mean, I had a long discussion</p> <p>3 with her. I told her she needs to move to Utah.</p> <p>4 And she's not been able to get a lot of</p> <p>5 treatments. From what my understanding is, it's</p> <p>6 basically because of the travel and the time off</p> <p>7 from work and so forth. So she's missing a lot</p> <p>8 of the treatments.</p> <p>9 And the treatments she told me she</p> <p>10 needed to be every two weeks, every six weeks.</p> <p>11 And that's why I thought, when I got that story,</p> <p>12 we really need to have a plastic surgeon to give</p> <p>13 me the optimal number of what needs to be done</p> <p>14 so I can provide an appropriate life care plan.</p> <p>15 Q. So as far as laser therapy treatments</p> <p>16 going forward, you don't have an opinion as to</p> <p>17 what those may be, correct?</p> <p>18 A. Well, she's had a lot. And she</p> <p>19 actually had to have anesthesia for it. They're</p> <p>20 large areas. But, again, I don't have a plan.</p> <p>21 And I don't have, actually, the area. And I</p> <p>22 would kind of like need to have a plastic</p> <p>23 surgeon let me know what the CPT code would be</p> <p>24 for that and so forth to really accurately</p> <p>25 provide a life care plan.</p>	<p style="text-align: right;">Page 88</p> <p>1 the injections, as you sit here today, you do</p> <p>2 not know the frequency in which she may need</p> <p>3 those going forward, correct?</p> <p>4 A. That's correct.</p> <p>5 Q. And you don't know the duration in</p> <p>6 which she may need those going forward, correct?</p> <p>7 A. Correct. That's outside of my</p> <p>8 wheelhouse of experience and training and</p> <p>9 background.</p> <p>10 Q. And you don't know the cost of the</p> <p>11 injections going forward, correct?</p> <p>12 A. I would be able to do the cost if I</p> <p>13 knew the procedures, but I do not at this time,</p> <p>14 that's correct.</p> <p>15 Q. And then with respect to her feet, it</p> <p>16 looks like she has had treatment on her left</p> <p>17 foot a couple of times, and there's some pending</p> <p>18 treatment on her right foot.</p> <p>19 A. Yes.</p> <p>20 Q. Okay.</p> <p>21 Do you know what the treatment on her</p> <p>22 left foot has been and what the pending</p> <p>23 treatment for her right foot is to be?</p> <p>24 A. I kind of do. And I would end up</p> <p>25 respectfully asking you to turn to look at what</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. Right.</p> <p>2 So as you sit here today, you, number</p> <p>3 one, don't know the frequency of laser therapy</p> <p>4 treatment that she'll need going forward,</p> <p>5 correct?</p> <p>6 A. Correct.</p> <p>7 Q. And you don't know the duration,</p> <p>8 meaning how many years into the future or how</p> <p>9 often she'll need the laser therapy treatment,</p> <p>10 correct?</p> <p>11 A. Correct.</p> <p>12 Q. And you don't have the cost of the</p> <p>13 laser therapy treatment, correct?</p> <p>14 A. Correct. So I only put in office</p> <p>15 visits. And I don't have any procedures.</p> <p>16 Q. And as far as the injections that she</p> <p>17 is getting or has received, do you know what</p> <p>18 those injections are and where they are located?</p> <p>19 A. I don't. It sounded like they may</p> <p>20 have been PRP. It sounded like it may have been</p> <p>21 the stem cell stuff. It also sounded like maybe</p> <p>22 some steroids which are often injected, but I</p> <p>23 don't know what their plans are.</p> <p>24 Q. Okay.</p> <p>25 So similar questions with respect to</p>	<p style="text-align: right;">Page 89</p> <p>1 her feet looked like. I've never seen anything</p> <p>2 like it in all my life. It looks like she had</p> <p>3 grown a toenail on the bottom of her foot. It's</p> <p>4 on page 27. And she has these it looks like</p> <p>5 horns. It literally looks like toenails, which</p> <p>6 are the calluses that she's never had before,</p> <p>7 which is a product of the burn. And so it</p> <p>8 sounds like they kind of slice it down, like you</p> <p>9 do for a corn. But at the same time, I would</p> <p>10 think they would do some kind of additional</p> <p>11 treatments to maybe prevent them from coming</p> <p>12 back.</p> <p>13 And then the whole bottom of the foot</p> <p>14 looks like her shoulder. I mean, they're</p> <p>15 burned. And so the major concern I have for</p> <p>16 this lady in the long-term treatment, from a</p> <p>17 life care planning perspective, almost focuses</p> <p>18 around the feet and the bleeding hands. She</p> <p>19 cannot stand for very long on these feet. And</p> <p>20 that's the major concern.</p> <p>21 So, yeah, she needs to follow up with</p> <p>22 plastic surgery. I'm concerned, you need to</p> <p>23 stop growing these horns, versus just shaving</p> <p>24 them down, I don't think is going to be the</p> <p>25 answer. So I don't know. It's outside of my</p>

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<p style="text-align: right;">Page 90</p> <p>1 wheelhouse. But it's obviously a real 2 disability and really prevents her from 3 functioning in life. 4 Q. So with respect to the calluses on 5 her feet, it looks like they're bilaterally to a 6 certain extent? 7 A. Yes. 8 Q. Is one foot worse than the other, do 9 you know? 10 A. No. They're both bad. The right 11 have one, two, three, four, five, six. And the 12 left had two or three as well. So it was 13 unique. I've never seen it in my life like 14 that. It literally looked like she had grown 15 toenails to the bottom of her foot. 16 Fascinating. 17 Q. And as far as the treatment going 18 forward to address the calluses; is that the 19 correct term for it? 20 A. I think that's what one of the 21 doctors called it. It's hyperkeratosis. I 22 mean, it's unique. 23 Q. I'll use the term calluses just 24 because it's easier to say. 25 A. Sure.</p>	<p style="text-align: right;">Page 92</p> <p>1 treatment for the calluses on her feet, as you 2 sit here today, you also don't know that, 3 correct? 4 A. Correct. I would have to defer to a 5 plastic surgeon, who needs to see the patient 6 and help me to provide any further response. 7 Q. And going to page 14 of your report, 8 this is where you have a picture of the four 9 children as well. And you indicated that they 10 were present during the home visit, correct? 11 A. They were. They were watching TV. I 12 was sitting where I'm sitting, there's a dining 13 room table and we were sitting at the dining 14 room table, and the children were watching 15 cartoons. 16 Q. Okay. 17 Did you, aside from any pleasantries, 18 interact substantive with the Wadsworth 19 children? 20 A. I did. 21 The one child, Weston, when I found 22 out that he was having problems and had burns 23 and was reduced to wear shorts and so forth, I 24 did see him, I did examine him, I did photograph 25 some of the burns, but did not issue any reports</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. With respect to the calluses that she 2 has on her left and right foot, as you sit here 3 today, you don't know what type of treatment she 4 will require going forward, correct? 5 A. Correct. I mean, my experience has 6 been, they've done radiation to some of my 7 patients that have done this. I've seen where 8 they do cold laser treatments, two treatments. 9 I just don't know. I think, certainly, just 10 shaving off the calluses, which is what she has 11 had so far, is not appropriate, and she's going 12 to need more than that, but I don't know. I 13 have to refer to a plastic surgeon. 14 Q. And you don't know what type of 15 duration of treatment she may need to address 16 the calluses on her feet, correct? 17 A. Correct. And that may be open-ended. 18 They may need to do that for a lifetime. I 19 don't know. 20 Q. The inverse of that is, it may not 21 need to be done for her lifetime, correct, you 22 just don't know? 23 A. Correct. 24 Q. Okay. 25 And the cost associated with any</p>	<p style="text-align: right;">Page 93</p> <p>1 or anything. But I thought if I'm flying all 2 the way out there, I may need to document 3 something, so in case I was asked to do a future 4 life care plan on him. 5 Q. Did you actually talk to Weston or 6 did you just do your cursory exam – 7 A. I mean, I talked with him. I didn't 8 do an indepth question-and-answer, like I would, 9 but I do have some opinions, that he's very shy, 10 he's very anxious. And, basically, the focus 11 would be around whatever a plastic surgery would 12 need to do to those burns. So I, basically, 13 documented what he looked like, put it in my 14 file, and if I'm asked to do a life care plan, 15 we can move forward. 16 Q. And that's not anything you've been 17 asked to do thus far, correct? 18 A. That's correct. 19 Q. There is a Pain Diagram on page 14. 20 A. Yes. 21 Q. And I know both her feet are circled 22 on the pain diagram. 23 A. Correct. And that corresponds to 24 page 2 of the medical questionnaire. 25 Q. It also looks like there's something</p>

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<p style="text-align: right;">Page 94</p> <p>1 written inside the circles. I couldn't make 2 that out, though. 3 A. Right. There's an A, a T and a D. 4 And the A is for aching. The T is for tingling. 5 And the D is for dull. 6 So they fill out the questionnaire. 7 And on page 1 of the questionnaire, it ends up 8 asking them to put documentation as far as what 9 the pain or discomfort feels like. 10 Q. So is this diagram taken from the 11 Medical Questionnaire No. 1? 12 A. Correct. 13 Q. Okay. 14 And did you, as part of that 15 questionnaire, ask her to circle all areas that 16 she has pain? 17 A. That was the understanding of the 18 questionnaire. And, basically, the feet are the 19 real problem right now. I mean, I go into 20 detail where she can't be outdoors. She has 21 pain when the sun strikes. And she stretches 22 and she has pain in the hands. She leave blood 23 everywhere if she uses her hands. And that's 24 somewhat discussed or described elsewhere in the 25 report. But this, basically, is her pain when</p>	<p style="text-align: right;">Page 96</p> <p>1 sleep issues prior to the fire? 2 A. I believe I asked her question, but 3 I'm trying to remember herself. She did have 4 some problems with depression minimally at one 5 time in her life. But she described, I believe, 6 the sleep is definitely a new thing, from what I 7 recollect. I don't have it listed, but I'm 8 trying to remember. And I remember kind of 9 going into that. It's definitely worse at this 10 point. But I don't know whether or not she had 11 some mild sleep problems. But, to my knowledge, 12 it's definitely worse. That's the best I can 13 answer. 14 Q. Do you know whether she was sleeping 15 on a small foam mattress in the living room 16 prior to the fire due to sleep issues that she 17 was having? Are you aware of that at all? 18 A. No. 19 Q. Were her prior pre-fire sleep issues 20 discussed at all with you during your interview, 21 or did you focus on the post-fire or both? 22 A. I think I did ask, so did you have 23 sleep problems in the past. And I just – I 24 thought maybe she had some mild sleep problems, 25 and that they were worse, to my best</p>
<p style="text-align: right;">Page 95</p> <p>1 she filled it out in preparation for our coming 2 to see her. 3 Q. Okay. 4 And then on the next page of page 14, 5 and here you talk about the pain actually. Now 6 I see the achy, throbbing and dull that is 7 referenced there, which you just described from 8 the photograph. That's on the top of page 15. 9 A. Yes. 10 Q. And then for the pain intensity, it 11 looks like it ranges from a 1 to an 8 out of 10, 12 with a general average of 5 out of 10? 13 A. Correct. 14 Q. And when we're talking about this 15 pain report, we're talking about the two areas 16 where she circled on page 14, so, basically, her 17 bilateral feet? 18 A. Correct. And those numbers were 19 obtained from the questionnaire, on page 3 of 20 the questionnaire. 21 Q. And then looking further down on page 22 15, "Daily Biological Functions," there's a 23 discussion about sleep issues. 24 A. Correct. 25 Q. And do you know if Mrs. Wadsworth had</p>	<p style="text-align: right;">Page 97</p> <p>1 recollection of my interview with her. 2 Q. And when you are doing your home 3 visit and your interview of Mrs. Wadsworth, is 4 this recorded? 5 A. No. 6 Q. And when I say "recorded," I mean 7 either audio or video? 8 A. No, that's correct, neither. 9 Q. And are there any notes that you are 10 taking contemporaneously with your visit with 11 Mrs. Wadsworth? 12 A. They sometimes are. But they're in 13 the computer, and we add them right into the 14 report. 15 Q. How about after your visit, do you 16 take any notes, summary notes of the visit 17 outside of what you put into your working report 18 document? 19 A. If I'm working on it, why write it 20 down twice? I try to put it in the report at 21 the same time. And, again, if we're in the car 22 or flying, we put them into the report. 23 Q. All right. 24 There's a reference under "Daily 25 Biological Functions," that she reports drinking</p>

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<p style="text-align: right;">Page 98</p> <p>1 alcohol at night as it helps her go to sleep. 2 Did you discuss her alcohol use? 3 A. I did. 4 Q. And what is your understanding of her 5 alcohol use? 6 A. She drinks two to three drinks of 7 hard liquor at night, and it's what helps her 8 sleep. So we had a discussion about that, and I 9 indicated that it's time to talk to a doctor to 10 get appropriate medication rather than 11 self-medicating. 12 Q. Where did you get the number of two 13 to three alcoholic drinks per night? 14 A. That's what I'm trying to remember. 15 It's two to three a night. It was more than is 16 healthy. 17 Q. The number two to three alcoholic 18 drinks is not anywhere in your report. So where 19 is it? 20 A. I'm trying to remember. It was 21 something that was not healthy. So, certainly, 22 more than one or two is not healthy. So I 23 remember that's not healthy, so I remember two 24 to three. 25 Q. And are you aware that she testified</p>	<p style="text-align: right;">Page 100</p> <p>1 withdraw, but that's possible, given that 2 history. Again, I'm not – it's not germane per 3 se. I'm not going to be treating her for 4 alcoholism in the life care plan. 5 Q. And it wasn't a specific treatment in 6 the hospital or she didn't go to the hospital 7 due to withdraw. When she went to the 8 University of Michigan Burn Center, which is in 9 records that you reviewed, you're aware that she 10 was given medication to address her alcohol 11 withdraw while there, correct? 12 A. Well, I don't know why that would be 13 necessary. She's on Fentanyl as soon as she 14 goes in, and that's going to prevent any 15 withdraws, so they may have discussed it. But 16 certainly by the time she became aware and 17 alert, she would have gone way past the withdraw 18 pattern of when you see withdraw. 19 Q. So you don't recall seeing in her 20 medical records that she was given some specific 21 medication to address alcohol withdraw? 22 A. I don't remember that at this point. 23 And I would question why, because if she was on 24 Fentanyl for such a long time while she was 25 intubated, within two weeks, as I think she was</p>
<p style="text-align: right;">Page 99</p> <p>1 that she had upwards of 10 or more drinks at 2 night? 3 A. Wow. No. That's a lot. 4 Q. Are you aware that she was a heavy 5 drinker even prior to the fire? 6 A. I was. 7 From what I understand, she had 8 postpartum depression. And then she couldn't 9 get any medication, and she used alcohol for the 10 depression. And she ultimately had been on 11 alcohol. And I strongly discouraged that, and 12 spent some time talking with her about the need 13 to stop it and to get into some alcohol 14 treatment program. 15 Q. Are you aware that she was drinking 16 about 10 drinks per night even prior to the 17 fire? 18 A. Like I said, I don't remember that 19 number. 20 Q. Okay. 21 In looking at her medical records, 22 you're aware that she was given some medication 23 for alcohol withdraw, correct? 24 A. I don't remember that. You say that. 25 I don't remember seeing any hospitalizations for</p>	<p style="text-align: right;">Page 101</p> <p>1 intubated for multiple weeks, she would have 2 been on medication that would have prevented 3 withdraw. So by the time she became more awake 4 and conscious, she would have been past the time 5 for withdraw symptomatology, in my background 6 and training. 7 Q. On to page 16, these just discuss 8 some of the pre-fire medical issues that she 9 had, correct? 10 A. Correct. 11 Q. And one is the postpartum depression, 12 which you already mentioned. She also had back 13 pain and back surgery as a result of that. 14 You're aware of that, correct? 15 A. I am. 16 Q. And I'm going to butcher this, but 17 vitiligo – 18 A. Vitiligo. 19 Q. Vitiligo - V-I-T-I-L-I-G-O, Betsy - I 20 had to Google it, but it's, basically, a 21 pigmentation issue with the skin, correct? 22 A. Yes. You know, in preparation for 23 the depo, I realized that I did not know how to 24 address that and plastic surgery is going to 25 need to address that. So you end up having a</p>

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<p style="text-align: right;">Page 102</p> <p>1 pigmentation problem, but then if you have a 2 burn that goes into the pigment layer, I don't 3 know whether or not additional services are 4 going to be required because of the preexisting 5 condition. 6 We did talk about tattooing eyebrows 7 and so forth. There are ways – and she has 8 some changes in the pigmentation in the forehead 9 and so forth. I think plastic surgery may treat 10 her slightly differently because of that 11 diagnosis. She may be at more of a risk of a 12 more intense treatment. 13 Q. Okay. 14 Do you know where the pigmentation 15 issue affected her prior to the fire? 16 A. I do not. 17 Q. Is there a typical location that the 18 pigmentation issue generally affects someone or 19 is it really just – 20 A. I haven't read the literature. In my 21 experience, I've seen it everywhere, so I don't 22 know. 23 Q. So it really depends on the patient, 24 it could be various parts of the body? 25 A. Correct.</p>	<p style="text-align: right;">Page 104</p> <p>1 A. I don't. 2 Q. And it looks like the only current 3 medication she is on is the Resta Lite lotion; 4 is that correct? 5 A. Yes. She'll either use that. Or if 6 she doesn't have the money to buy that, she'll 7 just use lots of regular Vaseline. 8 Q. And the Resta Lite lotion I presume 9 is used for all of her burn injuries? 10 A. Yes. 11 Q. And is that an over-the-counter or is 12 that a prescription? 13 A. I believe it's over-the-counter. 14 Q. At this point is she taking any other 15 medications currently? 16 A. She's not. She is, basically, 17 self-medicating to sleep with alcohol, rather 18 than using prescriptive meds. 19 Q. Okay. 20 And have you discussed her smoking 21 habits with her? 22 A. Well, we did. And, again, I'm a 23 midwesterner and I'm used to being out in the 24 mid-west, and I saw a lot of people smoking and 25 a lot of people using alcohol. And I talked to</p>
<p style="text-align: right;">Page 103</p> <p>1 And often it won't show up on the 2 body because you haven't tanned. So if you have 3 it in your face and you tan, the area would not 4 tan and would show up. But I don't know if it 5 affects other areas or not. It often shows up 6 on the face of someone who tans, and it doesn't 7 tan. It's more of a cosmetic issue, if it's on 8 the face. 9 Q. Going to page 17, looking at her 10 prior medications, she was on Celexa, correct? 11 A. Correct. 12 Q. And that was to address her 13 postpartum depression? 14 A. Correct. 15 Q. Do you know when she stopped that? 16 A. I do not. She indicated nobody 17 wanted to give it to her, so she didn't ask for 18 it anymore. I think she went to a nurse 19 practitioner or somebody, and they didn't want 20 to prescribe it for her. 21 Q. Do you know when she would have 22 started taking Celexa? 23 A. No, I don't. 24 Q. Do you know which child it was 25 related to for the postpartum?</p>	<p style="text-align: right;">Page 105</p> <p>1 her. She smoked a pack a day and has done so 2 for 20 years. And I've spent some time talking 3 to her about needing to stop the cigarettes as 4 well. 5 Q. And the cigarette use obviously with 6 it being 20 years at about a pack a day 7 certainly predated the fire, correct? 8 A. Correct. 9 Q. And it's still ongoing today? 10 A. Correct. 11 Q. Going to page 18, and on this page, 12 you get into the Activities of Daily Living 13 Checklist. And it looks like this is likely 14 taken basically from her ADL questionnaire? 15 A. Correct. This is a lady who says 16 Don't tell me I can't do it, I can show you I 17 can. And so she does everything. And she 18 leaves a trail of blood behind. She talks about 19 when she does the laundry, her hands bleed. 20 When she cooks, her hands bleed. 21 So she, basically, does everything, 22 but then has skin breakdown when she does some 23 of the things. But she, basically, is pretty 24 activity and really tries not to let this 25 discourage her from being a day-to-day</p>

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<p style="text-align: right;">Page 106</p> <p>1 functioning person.</p> <p>2 Q. Does she wear any protective gloves</p> <p>3 when she does her ADLs?</p> <p>4 A. No. We talked about wearing some</p> <p>5 gloves when she's out and about. But you can't</p> <p>6 use gloves when you're cooking. You can't use</p> <p>7 gloves, like, when you're reaching into the</p> <p>8 washer and dryer, she'll scrape her hand and</p> <p>9 she'll bleed. So they don't wear gloves</p> <p>10 normally throughout life. But you'll do it if</p> <p>11 you think you're doing something active like</p> <p>12 gardening and so forth.</p> <p>13 Q. Does she use gloves at all for any</p> <p>14 ADLs?</p> <p>15 A. I don't know. I know we talked about</p> <p>16 gloves, but I don't remember whether she uses</p> <p>17 them or not. I didn't see any or I would have</p> <p>18 photographed them.</p> <p>19 Q. So at least by Mrs. Wadsworth's</p> <p>20 self-reporting, she says that she does not need</p> <p>21 help with her ADLs, correct?</p> <p>22 A. She doesn't say she doesn't need</p> <p>23 help. She says, I'm doing it myself. She never</p> <p>24 asks for help. When I talked about what we</p> <p>25 would put in the life care plan, she was open to</p>	<p style="text-align: right;">Page 108</p> <p>1 Q. Looking at her Family History, her</p> <p>2 mother and father are 71 and 72 years old</p> <p>3 respectively and still alive, right?</p> <p>4 A. Correct, correct.</p> <p>5 Q. Do you know if her mother is a</p> <p>6 smoker?</p> <p>7 A. I don't know.</p> <p>8 Q. Do you know if her mother is a heavy</p> <p>9 alcohol user?</p> <p>10 A. I don't know.</p> <p>11 Q. The same questions for her father, do</p> <p>12 you know if he's a smoker or heavy alcohol user?</p> <p>13 A. I do not know.</p> <p>14 Q. Going to page 19 of your report –</p> <p>15 actually, let me take a quick step back.</p> <p>16 If you could go back to page 15 of</p> <p>17 your report under "Review of Symptoms" under No.</p> <p>18 5, it says, "Other symptoms reviewed and</p> <p>19 negative," what were those other systems that</p> <p>20 were reviewed?</p> <p>21 A. Well, the questionnaire has a whole</p> <p>22 bunch of things that you check. And she,</p> <p>23 basically, checked weight, night sweats, memory,</p> <p>24 weakness, sinus, dry skin and itching, all the</p> <p>25 other potentials were not circled. That would</p>
<p style="text-align: right;">Page 107</p> <p>1 it, but she had never thought about getting</p> <p>2 help.</p> <p>3 Q. Well, I'm looking at your summary on</p> <p>4 page 18, you use the term "does not need help,"</p> <p>5 correct?</p> <p>6 A. That's what she's saying, I don't</p> <p>7 need help, correct.</p> <p>8 Q. Okay.</p> <p>9 A. But understanding these patients</p> <p>10 don't know that they could ask for help, and</p> <p>11 they can't afford it. She's a very</p> <p>12 strong-willed lady who really pushes through.</p> <p>13 It's one of the kind of cases of patients we</p> <p>14 love in rehab, you know, they try to push</p> <p>15 forward as much as they can.</p> <p>16 Q. And just so it's clear on the</p> <p>17 Activities of Daily Living Questionnaire, which</p> <p>18 is Questionnaire 2 of 3, when you ask questions</p> <p>19 such as, "Do you need help grocery shopping?"</p> <p>20 "Do you need help with home maintenance?" On</p> <p>21 all of those she checked no, correct?</p> <p>22 A. Correct, correct.</p> <p>23 Q. And that's what you're summarizing</p> <p>24 here on page 18, correct?</p> <p>25 A. Correct, correct.</p>	<p style="text-align: right;">Page 109</p> <p>1 be on page 3 and 4 of the Medical Questionnaire</p> <p>2 No. 1.</p> <p>3 Q. So on page 3 and 4 of Exhibit 66,</p> <p>4 which is the first questionnaire, is where that</p> <p>5 information is being pulled from?</p> <p>6 A. Correct. And she circled what I had</p> <p>7 indicated, she was positive.</p> <p>8 Q. Okay.</p> <p>9 All right.</p> <p>10 Then going back to 19, page 19 of</p> <p>11 your report, you have a "Substance Abuse" area,</p> <p>12 and we've talked about the tobacco use, we've</p> <p>13 talked about the alcohol use.</p> <p>14 Then the caffeine use, drinks coffee</p> <p>15 1-2x per day," where did you obtain that</p> <p>16 information?</p> <p>17 A. I asked that question. It may also</p> <p>18 be on the questionnaire, on page 3.</p> <p>19 Q. I saw that as well. It looks like</p> <p>20 she's saying she drinks 12 cups of coffee per</p> <p>21 day –</p> <p>22 A. That's one to two.</p> <p>23 Q. That's one to two, okay.</p> <p>24 A. Yeah.</p> <p>25 Q. When she drinks alcohol, do you know</p>

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<p style="text-align: right;">Page 110</p> <p>1 what type of alcohol she drinks? Was that a 2 discussion at all? 3 A. I know it's a hard liquor. It's not 4 beer, I know it's not wine, but I don't know 5 exactly what she's drinking. 6 Q. Okay. 7 With respect to, moving to page 20, 8 it looks like this is where we get to the BECK 9 Inventory Depression testing. And the BECK 10 Inventory Depression testing is part of 11 Questionnaire No. 1. 12 A. Correct, pages 7 and 8. 13 Q. And so pages 7 and 8 under the BECK 14 Inventory Questionnaire, that would have been 15 completed before you arrived as well, or is that 16 administered while you're there? 17 A. It would have been completed before 18 my arrival. 19 Q. So this is all part of the 20 Questionnaire No. 1? 21 A. Correct. 22 Q. And it's, basically, a multiple 23 choice questionnaire that has 21 questions. And 24 then it's, basically, ranked by the number of 25 points associated per question.</p>	<p style="text-align: right;">Page 112</p> <p>1 other mental health screening or testing? 2 A. Not that I'm aware of. This is the 3 questionnaire we do with chronic pain. 4 Psychiatrists use it all the time. Sometimes 5 family practitioners use it. But I don't know 6 if she's had any other testing or screening. 7 Q. How long has the BECK Inventory 8 Questionnaire been around? 9 A. Yeah, that's a good question. I 10 would say I've seen it probably at least 20 11 years. 12 Q. Does B-E-C-K stand for anything since 13 it's all capitalized? 14 A. I don't know. It's called a BECK. I 15 had it back in my training when I was a 16 psychiatrist, so it's been around for a long 17 time. 18 Q. Have the 21 questions remained the 19 same for the times that you've used the BECK 20 questionnaire? 21 A. Yeah, I presume so, yes. I don't 22 remember seeing a modified test coming out in 23 the last 20 years. 24 Q. Okay. 25 And does this questionnaire – I'm</p>
<p style="text-align: right;">Page 111</p> <p>1 Is that how it's done? 2 A. From not a symptom to severe 3 symptoms, with a score in between, 1 to 3 – 0 4 to 3. 5 Q. So just by way of example, under BECK 6 Inventory Questionnaire No. 1, where the options 7 are "I do not feel sad," "I feel sad sometimes," 8 "I am sad all of the time," "I am so sad/unhappy 9 that I can't stand it," she circled, No. 1, 10 which is "I feel sad sometimes." 11 So would that be 1 point under that 12 questionnaire? 13 A. That's correct. 14 Q. And then just by of example, jumping 15 down to 13, where there's talking of 16 disappointment or disgust with yourself, she 17 circled No. 2, "I am disgusted with myself," 18 which would correlate to two points, correct? 19 A. Correct. 20 Q. And then you just add up all of those 21 numbers, and whatever the total comes out to, 22 which in her case looks to be 24 points, which 23 falls under the moderate depression range? 24 A. Correct. 25 Q. Do you know if she has received any</p>	<p style="text-align: right;">Page 113</p> <p>1 probably going to show some of my ignorance of 2 the mental health training here, but does it 3 relate to the DSM at all? 4 A. No. This is a questionnaire that was 5 designed for mostly chronic pain doctors, to be 6 able to look at patients and get a handle on 7 depression often with pain situations. 8 As a psychiatrist, it's been used in 9 my training. I've used it with multiple 10 sclerosis patients and stroke patients. 11 Patients often never tell you they're depressed, 12 but they will tell you the symptoms of 13 depression. And so I've used it in my office, 14 and after they fill it out, I say, Are you 15 depressed? And they say, Oh no, I'm not 16 depressed. And I say, Well, guess what, if 17 you're sad sometimes and this and this and that, 18 that equals depression. And it allows me to 19 open up the discussion of the treatment with 20 patients. 21 Q. Do you know if psychiatrists or 22 psychologists use the BECK Inventory 23 Questionnaire or is it more by pain management 24 doctors? 25 A. It's mostly by pain management.</p>

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<p style="text-align: right;">Page 114</p> <p>1 Certainly, they might use it as a screening when 2 a patient first comes in. But they generally 3 use much more sophisticated questioning. 4 Q. And the BECK Inventory Questionnaire, 5 do you know if that's used by neuropsychs? 6 A. I have seen it in some neuropsychs, 7 but, again, they have more sophisticated 8 testing. 9 Q. From your perspective, it sounds like 10 the BECK Inventory Questionnaire is kind of a 11 quick way to give a broad overview as to how 12 someone is feeling? 13 A. Correct. 14 Q. And it's not an indepth analysis, but 15 it's more, I guess, a broad scope quick 16 questionnaire that can be evaluated? 17 A. Correct. 18 Q. If you could go to page 27, there's a 19 reference to a neurologic examination that was 20 provided. 21 Who provided that examination? 22 A. I did. 23 Q. And was that in conjunction with 24 Dr. Maria, or is that done on your own? 25 A. Well, she's in the room. We do it</p>	<p style="text-align: right;">Page 116</p> <p>1 basically, she falls within the normal 2 neurologic of a severe burn, a third degree 3 burn, as well as some findings in that foot 4 which would go along with the reason why she had 5 previous lumbar surgery. 6 Q. Doctor, we were discussing the little 7 pinwheel tool that you used, and I think I saw 8 some photographs of that in your expert file. 9 Are there multiple pinwheels that you 10 use or are there – let me take a step back. 11 You indicated there's a sharp, 12 there's a dull pressure put on, is that done all 13 by the pinwheel or how is that performed? 14 A. Normally, we run the pinwheel, and 15 either we'll run our pinky, can you tell the 16 difference, sharp or dull. And sometimes I'll 17 flip that around and I'll use the pinwheel or 18 the handle. But anybody could pick up the 19 difference between the sharpness or the touch of 20 the finger or the back of the handle. 21 Q. And I presume the pinwheel part is 22 the sharp part? 23 A. Absolutely. 24 It's, actually, now you buy them at 25 Joann Fabrics. It's what they use to transfer</p>
<p style="text-align: right;">Page 115</p> <p>1 together. 2 Q. Now, with respect to the neurological 3 examination, you are performing this from the 4 view of a physiatrist, as opposed to a 5 neurologist, correct? 6 A. Correct, correct. 7 Q. And I think you certainly agree that 8 you're not a neurologist, correct? 9 A. Correct, but we do neurologic 10 examinations as often as neurologists does on a 11 daily basis in our offices and in a hospital. 12 Q. Are you offering any specific 13 neurological opinions in this case? 14 A. No. The only thing I found was some 15 sensory abnormalities. And she had decreased 16 sensation in the foot which corresponded to a 17 prior lumbar surgery, so we did find that. 18 And, then, basically, the entire area 19 of the scars, we have a pinwheel, and we kind of 20 go up and down and we touch, and she did not 21 have the ability to differentiate in the scarred 22 areas between sharp, dull and light touch. So 23 there's altered sensation, which we would 24 anticipate because the burns are in the area 25 where sensation organs are for the skin. So,</p>	<p style="text-align: right;">Page 117</p> <p>1 patterns for making dresses and so forth. And 2 it's about one-third the price versus buying as 3 a neurologic tool on Amazon. 4 Q. And so the dull side would be the 5 handle or your finger or pinky, correct? 6 A. Finger, yes. 7 Q. And was the decreased sensory that 8 Mrs. Wadsworth had, was that bilaterally on her 9 feet? 10 A. It was on the right distal foot, 11 which is the area where she needed the surgery, 12 and then all the burns, essentially, all the 13 burns she could not differentiate. 14 Q. Were there any burn injuries where 15 she was able to differentiate between— 16 A. I mean, she's burned all over. We 17 would just kind of go here, here, do you feel 18 this, is it sharp or dull; it's dull. So there 19 may have been some skipped areas, but I 20 certainly -- it was basically all of these 21 areas she had decreased sharp, dull. 22 Q. She had about 35 percent TBSA burn 23 injuries, correct? 24 A. Correct. But it was, basically, in 25 the back, the arms, the hands, yes.</p>

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<p style="text-align: right;">Page 118</p> <p>1 Q. Okay.</p> <p>2 And it sounds like, for the most</p> <p>3 part, there's a decreased sensation in most if</p> <p>4 not all of those areas?</p> <p>5 A. Correct. It made sense because those</p> <p>6 are 3rd degrees. And basically all the areas of</p> <p>7 third degree had loss of sharp to dull</p> <p>8 circulation.</p> <p>9 Q. And then if you could go to page 29,</p> <p>10 Doctor, "Potential Medical Complications to</p> <p>11 Family Members," those are just some general</p> <p>12 statements that you've made, but, again, aren't</p> <p>13 offering any specific opinions in that regard,</p> <p>14 correct?</p> <p>15 A. Correct. Those are what we call</p> <p>16 anticipatory guidance when you have somebody who</p> <p>17 comes to you with a problem of concern that you</p> <p>18 need to be thinking about when you see a</p> <p>19 patient.</p> <p>20 Q. And we talked about page 30 to 35,</p> <p>21 which is where you get into some of the</p> <p>22 citations related to various goals or</p> <p>23 definitions within the life care planning</p> <p>24 industry, correct?</p> <p>25 A. Basically, the methodology.</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. And then on page – just to go back</p> <p>2 one page, the PMIC that you reference on page</p> <p>3 36, which I think is one of the pricing outlets</p> <p>4 that you used for a good amount of the medical</p> <p>5 side of your life care plan, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And they provide customary rates of</p> <p>8 the 50th, 75th and 90th percentiles?</p> <p>9 A. Correct.</p> <p>10 Q. And it looks like, in your life care</p> <p>11 plan, you utilized the 75th percentile?</p> <p>12 A. Correct, and that's part of the</p> <p>13 standard methodology. There had been some</p> <p>14 studies for a while, and they did try using the</p> <p>15 50, and that ended up preventing a patient from</p> <p>16 going to a university medical center for good</p> <p>17 treatment. When you do the 50th percentile, you</p> <p>18 cut off the 25th most expensive and the 25th</p> <p>19 cheapest, and you stay in there. And studies</p> <p>20 indicated that that basically prevents you from</p> <p>21 going to any university, any top quality place.</p> <p>22 So we now use the 75th percentile. And we,</p> <p>23 basically, cut off the 13-and-a-half percent,</p> <p>24 13-and-a-half percent and then take those</p> <p>25 averages.</p>
<p style="text-align: right;">Page 119</p> <p>1 Q. And I think that you had said that</p> <p>2 these are common snippets that you put in your</p> <p>3 life care plans, depending on the nature of the</p> <p>4 person that you are doing the life care plan</p> <p>5 with?</p> <p>6 A. Yeah. So, basically, all the way</p> <p>7 through up to 37 are classically used in all of</p> <p>8 my life care plans, because the methodology</p> <p>9 really does not change.</p> <p>10 Then beginning at page 37, we start</p> <p>11 talking about the discussion of burns, which</p> <p>12 would be unique for this report.</p> <p>13 Q. And then you got exactly where I was</p> <p>14 going next, so on page 37, with the discussion</p> <p>15 of burns, I know you have a citation to where</p> <p>16 this is pulled from.</p> <p>17 Is this a summary of the materials</p> <p>18 included in the citation?</p> <p>19 A. Yes.</p> <p>20 Q. And these are general discussions on</p> <p>21 burn injuries, as opposed to specific</p> <p>22 discussions as to Mrs. Wadsworth?</p> <p>23 A. Correct. This is literature</p> <p>24 discussion, in general, long-term concerns and</p> <p>25 so forth.</p>	<p style="text-align: right;">Page 121</p> <p>1 The numbers are not that different,</p> <p>2 because you simply add more expensive and</p> <p>3 cheaper, and when you average, the numbers are</p> <p>4 very close.</p> <p>5 Q. So when you say the 75th percentile</p> <p>6 and you're talking about knocking off the</p> <p>7 13-and-a-half on each side, I guess I'm trying</p> <p>8 to figure out what you're saying there. They</p> <p>9 just provide a 75th percentile across the board,</p> <p>10 though, the PMIC?</p> <p>11 A. They basically knock off – the 75th</p> <p>12 percentile is the center.</p> <p>13 Q. So the 75th percentile is the center</p> <p>14 when you take off the top 13-and-a-half and the</p> <p>15 bottom 13-and-a-half?</p> <p>16 A. Correct, correct.</p> <p>17 Q. And you indicated that there's some</p> <p>18 studies or literature that supports using the</p> <p>19 75th percentile over the 50th percentile.</p> <p>20 What are those?</p> <p>21 A. Yeah. That came out probably five,</p> <p>22 seven years ago in some arguments. And then</p> <p>23 there's still some – there's certainly –</p> <p>24 defense like to use 50 percent. They like using</p> <p>25 25th percentile.</p>

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<p style="text-align: right;">Page 122</p> <p>1 From understanding all the training</p> <p>2 and education and background, the methodology</p> <p>3 nationally for care life planners is the 75th</p> <p>4 percentile.</p> <p>5 Q. Okay.</p> <p>6 Are you aware of any life care</p> <p>7 planners that use the 50th percentile?</p> <p>8 A. Absolutely. And they tend to be</p> <p>9 mostly defense, who do mostly defense work-ups.</p> <p>10 And I've often asked them to please show the</p> <p>11 methodology and look at what is required for us</p> <p>12 life care planners.</p> <p>13 Q. As far as the specific studies or</p> <p>14 literature that supports the 75th percentile, as</p> <p>15 you sit here today, are you able to name any of</p> <p>16 them?</p> <p>17 A. No. But it's the standard, that, if</p> <p>18 you take a course in life care planning, it's</p> <p>19 the 75th percentile.</p> <p>20 Q. So is it your testimony that, if you</p> <p>21 take any course on life care planning, you're</p> <p>22 instructed to use the 75th percentile for the</p> <p>23 PMIC?</p> <p>24 A. Yes. That's part of my training and</p> <p>25 background and absolutely part of my textbook</p>	<p style="text-align: right;">Page 124</p> <p>1 Q. So is this "Work Expectation" section</p> <p>2 part of your template that is your standard</p> <p>3 template for reports?</p> <p>4 A. Yes. But if the patient doesn't have</p> <p>5 significant problems, I would not put it in. So</p> <p>6 if somebody who had significant complications, I</p> <p>7 would use it as part of the template.</p> <p>8 Q. But you're aware in this case that</p> <p>9 there is no past wage lost claim and there is no</p> <p>10 future loss of earning capacity claim, correct?</p> <p>11 A. I'm not privy to that information,</p> <p>12 but that's fine. I may not have asked that</p> <p>13 question, so I don't know that. We just don't</p> <p>14 ask that.</p> <p>15 Q. All right.</p> <p>16 And you are not offering any opinions</p> <p>17 on any future loss of earning capacity issues,</p> <p>18 right?</p> <p>19 A. No. I don't do loss of earning</p> <p>20 capacity. I may be asked physical capacity to</p> <p>21 work, but I have not been asked to do that.</p> <p>22 Q. And then looking at the future needs</p> <p>23 section, which is on the bottom of page 41, you</p> <p>24 have three items listed that you basically are</p> <p>25 using to support your life care plan, and that's</p>
<p style="text-align: right;">Page 123</p> <p>1 that sits right behind me, that's correct.</p> <p>2 Q. What is the textbook that's behind</p> <p>3 you?</p> <p>4 A. Weeds Textbook of Life Care Planning.</p> <p>5 Q. How do you spell that?</p> <p>6 A. W-E-E-D. I think there's five</p> <p>7 editions, maybe four editions.</p> <p>8 Q. Moving to page 41, there's a</p> <p>9 discussion about "Work Expectations."</p> <p>10 Are you there?</p> <p>11 A. I'm there.</p> <p>12 Q. Okay.</p> <p>13 For the "Work Expectation" section,</p> <p>14 are you aware that there is no vocational loss</p> <p>15 claim in this case?</p> <p>16 A. I'm aware of it. She was a</p> <p>17 stay-at-home mom, but sometimes people will want</p> <p>18 to work later on, and understand that she could</p> <p>19 have a difficult time trying to find a vocation</p> <p>20 because of sleep and pain and so forth, with</p> <p>21 standing and so forth.</p> <p>22 This is a common paragraph that I</p> <p>23 keep in almost all of my reports that have</p> <p>24 significant limitations of physical</p> <p>25 capabilities.</p>	<p style="text-align: right;">Page 125</p> <p>1 the review of medical records, the history</p> <p>2 obtained and the physical examination, correct?</p> <p>3 A. Correct, correct.</p> <p>4 Q. And those are the only three items</p> <p>5 that you're using to support your life care</p> <p>6 plan, outside of the pricing indexes and stuff</p> <p>7 like that that you've used?</p> <p>8 A. Correct. It's, basically, my</p> <p>9 background, training and experience.</p> <p>10 Q. As far as the case specific items</p> <p>11 that have been produced in this case relative to</p> <p>12 this specific claim, it's just those three</p> <p>13 items, the medical records, the history and the</p> <p>14 physical examination that you rely on, correct?</p> <p>15 A. Yes. And then at the very top, No.</p> <p>16 4, the pricing research.</p> <p>17 Q. Sure. And that's why I had mentioned</p> <p>18 the case specific. Because the pricing</p> <p>19 research, that's out there, but it's not</p> <p>20 necessarily specific to this case.</p> <p>21 A. No, the pricing is very specific to</p> <p>22 the case. I do the pricing specifically for</p> <p>23 what the patient needs. I do the research</p> <p>24 locally and so forth, so that's very specific.</p> <p>25 Q. Meaning, it's not discovery that's</p>

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<p style="text-align: right;">Page 126</p> <p>1 been produced in this case is what I'm getting 2 at? 3 A. I don't know exactly what you mean by 4 that. 5 Q. Okay. 6 So with respect to the pricing 7 research that you have done, that's related to 8 the various life care plan items that you are 9 saying Mrs. Wadsworth needs, correct? 10 A. That's correct. 11 Q. To get to the life care plan items 12 that you think Mrs. Wadsworth needs, for that, 13 you are relying on the review of medical 14 records, the history obtained and the physical 15 examination? 16 A. Yes. Thank you. 17 Q. And the history obtained, I presume 18 that's the history directly from Mrs. Wadsworth, 19 or is there other history that you are 20 referencing there? 21 A. When I do a history in my report, 22 it's, basically, a combination of the review of 23 records, what the patient has said, what the 24 patient has agreed to, what was in the report, I 25 kind of put that all together like a physician</p>	<p style="text-align: right;">Page 128</p> <p>1 A. No. 2 I mean, I understand where you're 3 kind of going. This includes smokers. It 4 includes patients with AIDS. It includes Down's 5 Syndrome cases. It includes alcoholics. It 6 includes drug abusers. It includes all takers. 7 So it includes all the people that would 8 circumscribe her past medical history. 9 Q. But this takes into account all 10 populations? 11 A. Correct. 12 Q. It's just all populations that fall 13 within the non-Hispanic white female category, 14 correct? 15 A. Correct. 16 Q. And with Mrs. Wadsworth, having been 17 a smoker in which she smokes a pack of day for 18 20-plus years and is continuing to do that, you 19 agree that smokers generally have a lower life 20 expectancy than the average, correct? 21 A. They do. They do. 22 Q. And individuals that are heavy 23 drinkers, upwards of 10 alcoholic drinks per 24 day, generally, have a lower life expectancy 25 than the average, correct?</p>
<p style="text-align: right;">Page 127</p> <p>1 does. You talk to the patient and then you 2 write the report as far as the history told to 3 them. It's a combination of all the above. 4 Q. And then starting on page 52 is where 5 you get to a discussion of life expectancy, 6 correct? 7 A. Yes. 8 Q. All right. 9 And for Mrs. Wadsworth, you used the 10 life expectancy of 81 years old? 11 A. I don't add it up, but it would say 12 44 additional years when I saw her at 37 years. 13 Q. Right. So I just did the arithmetic. 14 That gets you to 81, correct? 15 A. Okay. That's not a number we 16 normally think of. We talk about the number of 17 years needed to do the math. 18 Q. When you saw her she was 37 years 19 old, and then you determined that, as a 20 non-Hispanic white female, she would have an 21 additional life expectancy of 44 years, correct? 22 A. Correct, correct. 23 Q. Any other parameters that you put on 24 the life expectancy beyond the fact that she is 25 a non-Hispanic white female?</p>	<p style="text-align: right;">Page 129</p> <p>1 A. That's correct. 2 Q. And then if you combine those two, a 3 daily smoker and a heavy drinker, that would 4 further reduce the life expectancy, correct? 5 A. Yes. But once you start subtracting, 6 then you need to go on the plus side. Is she a 7 safe driver? Has she had car accidents? Is she 8 promiscuous? Is she married versus not married? 9 Because married people live longer than 10 non-married. 11 So once you start wanting to 12 subtract, then you have to start adding, and 13 that's the problem when you start doing that. 14 So that's why, as life care planners, we use the 15 national life expectancy, which includes all 16 corners. 17 Q. But at least with respect to her 18 smoking and alcohol use, that is not something 19 that is healthy, correct? 20 A. That's correct, absolutely. And 21 that's why I had a long time talking with her. 22 From my understanding, she has not had any 23 programming for alcoholism. She has not had any 24 programs to formally stop smoking. So I did 25 encourage her to do that. And she should do</p>

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<p style="text-align: right;">Page 130</p> <p>1 that.</p> <p>2 Q. And you agree that her smoking and</p> <p>3 alcohol use predated the fire accident, correct?</p> <p>4 A. Yes, that's correct.</p> <p>5 Q. Doctor, why don't we just take a</p> <p>6 quick five minutes, and then we will get into</p> <p>7 the actual life care plan part, and then I think</p> <p>8 we'll be able to let you go after that.</p> <p>9 (Recess.)</p> <p>10 BY MR. LaFLAMME:</p> <p>11 Q. Dr. Synder, before we took the break,</p> <p>12 we were just getting into the actual</p> <p>13 spreadsheet-type life care plan that you put</p> <p>14 together here, and that starts at page 59 of</p> <p>15 your report, correct?</p> <p>16 A. Correct.</p> <p>17 Q. Okay.</p> <p>18 Starting on page 60, and I'm</p> <p>19 certainly not going to go through everything</p> <p>20 line by line, but I wanted to talk about some of</p> <p>21 them.</p> <p>22 With respect to the "Burn Surgery at</p> <p>23 Burn Center" and "Plastic Surgery" line items, I</p> <p>24 know you later on in the report have some</p> <p>25 specific burn-related line items that are not</p>	<p style="text-align: right;">Page 132</p> <p>1 respect to "Vocational Rehabilitation," and,</p> <p>2 again, you probably didn't understand until I</p> <p>3 told you, but there is no vocational loss being</p> <p>4 claimed in this case, that you're aware of,</p> <p>5 correct?</p> <p>6 A. Correct, but I often will still end</p> <p>7 up doing something like that that they can look</p> <p>8 at some areas where she can donate time when the</p> <p>9 kids are grown. Because she's going to live</p> <p>10 another 44 years, she may want to ultimately go</p> <p>11 back to work. And it would be appropriate to</p> <p>12 have somebody help her kind of find something</p> <p>13 that she might be able to do. So just because</p> <p>14 we're not claiming that, it doesn't mean she</p> <p>15 shouldn't think about it as she gets older.</p> <p>16 Q. Okay.</p> <p>17 Looking at page 64, this is where you</p> <p>18 have some comments about "Unable to Determine</p> <p>19 Cost of Procedure" for three of the line items,</p> <p>20 correct?</p> <p>21 A. Correct.</p> <p>22 Q. For the "FREQUENCY" under the</p> <p>23 "Removal/Excision of Benign Feet Lesions," where</p> <p>24 did you get that frequency?</p> <p>25 A. That's kind of what's been happening</p>
<p style="text-align: right;">Page 131</p> <p>1 given a cost or duration estimate.</p> <p>2 Are these to encompass those, meaning</p> <p>3 is the "Burn Surgery at Burn Center" to</p> <p>4 encompass the line item of Scar, Excision and</p> <p>5 Reconstruction Surgery, that type of stuff, or</p> <p>6 are those separate?</p> <p>7 A. These would be basically the</p> <p>8 monitoring evaluation by physicians. It does</p> <p>9 not include procedures.</p> <p>10 Q. Okay.</p> <p>11 And you have not talked to</p> <p>12 Dr. LeChapelle as to whether he specifically</p> <p>13 agrees with the "Burn Surgery at Burn Center,"</p> <p>14 "Plastic Surgery," "Hair Transplantation," that</p> <p>15 type of stuff, correct?</p> <p>16 A. Correct. When I was with the</p> <p>17 patient, she, basically, ended up telling me she</p> <p>18 needed to go every two months. And she,</p> <p>19 basically, pretty much put out what she's</p> <p>20 supposed to be able to be doing, and, basically,</p> <p>21 said, I can't do because I can't afford it. So</p> <p>22 I heard her tell me what apparently she had been</p> <p>23 told she needed, but it should be confirmed by</p> <p>24 the surgeon.</p> <p>25 Q. And then going on to page 61, with</p>	<p style="text-align: right;">Page 133</p> <p>1 to her now and needed to come, and they grow</p> <p>2 back very quickly.</p> <p>3 Q. And you don't know if there's any way</p> <p>4 to permanently remove those lesions at this</p> <p>5 point, correct?</p> <p>6 A. And, again, and if I could have a</p> <p>7 plastic surgeon opine, I would certainly defer</p> <p>8 to the plastic surgeon on that.</p> <p>9 Q. Okay.</p> <p>10 So with these three line items, is it</p> <p>11 your anticipation that you will be doing</p> <p>12 additional work on these line items?</p> <p>13 A. I would certainly hope so, or it's</p> <p>14 just not brought to the table, and there's no</p> <p>15 money put aside for that. I certainly can't</p> <p>16 apply – I have to stay within my wheelhouse of</p> <p>17 background and training.</p> <p>18 Q. Okay.</p> <p>19 And, certainly, understanding your</p> <p>20 background and training, you agree, as you've</p> <p>21 noted in your report, that, at this point, you</p> <p>22 are unable to determine the cost of these three</p> <p>23 line items, correct?</p> <p>24 A. And the frequency, that's correct.</p> <p>25 And I would end up asking them to help me with</p>

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<p style="text-align: right;">Page 134</p> <p>1 the CPT codes. One of the problems is, when 2 they've done the CO2 burns, if you read the 3 records, it includes the anesthesia and it 4 included several large areas. And so I presume 5 there are different CPT codes, given the amount 6 of space or the amount of surface area, as well 7 as the duration under anesthesia. So there's 8 just a lot of stuff that I would not be able to 9 add. 10 Q. And you are not able to add that 11 without further guidance from her treating 12 physicians, true? 13 A. Absolutely. 14 Q. Okay. 15 A. Or an expert. 16 Often, I find my university treating 17 doctors are not even permitted to offer legal 18 opinions, and so sometimes we have to go and 19 hire an expert. So we just need to have a 20 plastic surgical expert to be able to offer 21 those opinions. 22 Q. Okay. 23 With respect to the "Semi-Permanent 24 Tattoo for Her Right Eyelid," is that something 25 that Mrs. Wadsworth has expressed an interest in</p>	<p style="text-align: right;">Page 136</p> <p>1 Q. So with respect to the \$34,000 2 lifetime cost, it sounds like that you may need 3 a little more guidance from a plastic surgeon to 4 really finalize that line item? 5 A. I agree. And when I was preparing 6 for the deposition and doing the report, it's 7 like these whole plastic surgical procedures, if 8 you ask me for an artificial arm or a leg or 9 therapy after stroke, that's my wheelhouse. At 10 this point, I have to rely on an expert. I can 11 do the pricing, identify the pricing, but the 12 frequency and type of procedure, I would really 13 need to have an expert. 14 Q. And then you have ER visits of one 15 time every five years. 16 What's the basis for that? 17 A. The basis is, basically, cellulitis. 18 Her skin breaks down. She gets infected. She 19 bleeds all day long when she puts her hands into 20 stuff. So there's the potential for cellulitis. 21 She has had cellulitis of the earlobe. So to be 22 able to say every five years to identify a 23 probability is pretty low. And it's just for an 24 ER visit rather than a hospitalization. 25 Q. Has she had any other cellulitis</p>
<p style="text-align: right;">Page 135</p> <p>1 getting? 2 A. We talked about it. She's 3 embarrassed. And so I did do the pricing and 4 found that it doesn't last forever, and so we've 5 got that as a potential charge. 6 And, again, I would probably ask a 7 plastic surgeon their opinion. Maybe do a 8 permanent one. I don't know what's out there. 9 I'm not a cosmetic person, and so I would 10 probably defer, again, for a plastic surgeon for 11 his or her opinion on that. 12 Q. Okay. 13 And that was going to be my next 14 question, is there a permanent option in that 15 regard, understanding that tattoos can certainly 16 be permanent in nature? 17 A. Yes. 18 Q. But you just don't know? 19 A. Correct. 20 In looking at the literature for 21 eyebrows, they strongly suggested not doing 22 permanent, but, again, I don't know why. I 23 would defer really to an plastic surgeon. 24 That's something I would have an expert help me 25 with.</p>	<p style="text-align: right;">Page 137</p> <p>1 episodes other than that one time on her 2 earlobe? 3 A. No, but we're under five years for 4 that, and we're talking about the next 44 years. 5 Q. Did her cellulitis on her earlobe 6 necessitate an ER visit? 7 A. I don't remember, but, again, 8 patients will show up to an urgent care center 9 rather than a family doctor. 10 Q. So the ER visits that you are 11 presuming here relates primarily to her 12 cellulitis potential? 13 A. Yes, because she's got skin 14 breakdown, and she bleeds easily in multiple 15 areas. 16 Q. And cellulitis, in and of itself, is 17 not any emergency medical condition, correct? 18 A. Correct. 19 Q. It can be treated at a typical 20 doctor's office? 21 A. They can, but often, patients go to 22 urgent care centers when there's bleeding and 23 infection. 24 Q. Has Mrs. Wadsworth gone to urgent 25 care –</p>

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<p style="text-align: right;">Page 138</p> <p>1 A. I don't know –</p> <p>2 Q. – for her cellulitis?</p> <p>3 A. – but just because somebody has not</p> <p>4 done it does not preclude them from wanting to</p> <p>5 utilize it.</p> <p>6 MR. LaFLAMME: Off the record.</p> <p>7 (Discussion off the record.)</p> <p>8 Q. Doctor, going on to page 66, which is</p> <p>9 "MEDICATIONS," for all of the medications that</p> <p>10 you have listed here, she is not presently using</p> <p>11 any of them, correct?</p> <p>12 A. Correct. I did relate to her some of</p> <p>13 the medications I thought would be appropriate</p> <p>14 that she should be on. And I felt that if she</p> <p>15 was on appropriate medications, she would not be</p> <p>16 utilizing alcohol.</p> <p>17 Q. And do you know if she has made any</p> <p>18 efforts to discuss these medications with her</p> <p>19 treating physicians?</p> <p>20 A. I do not. I have not seen her since</p> <p>21 the home visit.</p> <p>22 Q. And you have not seen anything in her</p> <p>23 records where she was prescribed any of these</p> <p>24 specific medications, correct?</p> <p>25 A. She was on Duloxetine at one time,</p>	<p style="text-align: right;">Page 140</p> <p>1 she has not been able to do any of those.</p> <p>2 And so when I began talking to her</p> <p>3 about what she wants to do and physical</p> <p>4 activities to get her life back to normal, she</p> <p>5 can't go hiking, she can't do anything with her</p> <p>6 kids, and when I ended up talking about an all</p> <p>7 terrain, her eyes lit up. That would be</p> <p>8 wonderful. I can go out and be with my kids. I</p> <p>9 can do what Wyoming is all about. And so I felt</p> <p>10 very comfortable putting her on it.</p> <p>11 Then at the same time, it's not</p> <p>12 something you can use at the house. So it looks</p> <p>13 excessive, but I really think it appropriately</p> <p>14 meets what she did in Wyoming, what she did</p> <p>15 proactively, what would make her happy to be</p> <p>16 with her children and family, so I felt it was</p> <p>17 very appropriate.</p> <p>18 Q. Are there any other locations besides</p> <p>19 Walmart where she uses a scooter, that you're</p> <p>20 aware of presently?</p> <p>21 A. I don't know. I asked, where do you</p> <p>22 go? Because there's no big box stores and</p> <p>23 there's no – there's just little tiny</p> <p>24 mom-and-pop stores there. And I said, Well, how</p> <p>25 about is there a Walmart here?</p>
<p style="text-align: right;">Page 139</p> <p>1 but the rest of these medications are to protect</p> <p>2 her stomach preventively and so forth, no, I</p> <p>3 don't see that she's been on any of them.</p> <p>4 Q. And not only that she has not been on</p> <p>5 any of them, she hasn't been prescribed any of</p> <p>6 them, correct?</p> <p>7 A. Correct.</p> <p>8 Q. And, Doctor, if you can go to page</p> <p>9 68, which is the "SPECIAL EQUIPMENT" section,</p> <p>10 and then this is where you get into some</p> <p>11 discussion about at least one of the items is a</p> <p>12 scooter or a couple of scooters?</p> <p>13 A. Correct.</p> <p>14 Q. One is a more traditional motorized</p> <p>15 scooter, and one is an all terrain scooter,</p> <p>16 correct?</p> <p>17 A. Correct.</p> <p>18 Q. She doesn't use either of these</p> <p>19 presently, correct?</p> <p>20 A. Correct, but she will use – when she</p> <p>21 goes to Walmart, she will use their scooter.</p> <p>22 But she was a very active lady, hunting and</p> <p>23 fishing and very active going out into the – I</p> <p>24 mean, there are no repertory theaters where she</p> <p>25 is. They go out and do outdoor activities. And</p>	<p style="text-align: right;">Page 141</p> <p>1 Yes. I do need it at the Walmart.</p> <p>2 She's okay walking at the house short</p> <p>3 distances and then she sits down. But any</p> <p>4 length of distance, you can just imagine walking</p> <p>5 on those feet, she hurts. And she cannot do</p> <p>6 long distance.</p> <p>7 It's fascinating, it's the biggest</p> <p>8 limitation that I see is basically the feet with</p> <p>9 standing and walking, and the bleeding hands.</p> <p>10 Those are the two basic things that pretty much</p> <p>11 changed and have changed her quality of life.</p> <p>12 Q. So if her lesions are able to be</p> <p>13 addressed medically, then she likely would not</p> <p>14 need a scooter, correct?</p> <p>15 A. That's probably – if they could</p> <p>16 probably stop growing those horns on the and she</p> <p>17 had a normal life, yeah. I think that would be</p> <p>18 a good question. And that would be a question</p> <p>19 to put to a surgeon during deposition or a</p> <p>20 plastic surgeon. And I would be happy to remove</p> <p>21 them, if it's not necessary.</p> <p>22 Q. And you have not seen anywhere in her</p> <p>23 medical records where there was a suggestion</p> <p>24 that she obtain a scooter?</p> <p>25 A. No. Nobody has addressed that.</p>

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<p style="text-align: right;">Page 142</p> <p>1 Those are not issues – you know, counselor, 2 when a doctor sees a patient, they figure out 3 what they need to do. They don't think about 4 life care planning and hobbies and so forth, so 5 those have not been addressed, that's correct. 6 Q. And you have seen medical records 7 from her podiatrist, correct? 8 A. That they did procedures, that's 9 correct. 10 Q. And within those medical records, 11 there's no reference or even suggestions that 12 she obtain a scooter, correct? 13 A. Correct. You're talking about a 14 podiatrist. You're not talking about a 15 long-term prescription by a physiatrist or a 16 life care planner. They're podiatrists. 17 Q. But with respect to - and I'll just 18 ask it even more broadly - with respect to all 19 of her medical treaters and all of the medical 20 records that you've reviewed, there has not been 21 a mention or suggestion of the use of a scooter, 22 correct? 23 A. Correct. None of them have been 24 asked to provide long-term planning for home 25 capabilities.</p>	<p style="text-align: right;">Page 144</p> <p>1 A. Right. As she gets older, she's 2 going have more and more problems. I cannot 3 believe that those burned feet, the skin is 4 going to age, is going to crack, she's going to 5 have more and more problems with distance. So I 6 felt at age 50, we need to give her something 7 that's a little bit more supportive than walking 8 on her own to offload the feet. 9 Q. Why was it age 50 that you picked? 10 A. My background and training. Sixty 11 was too long, I felt, because she's having 12 problems now, so I felt at age 50 it was 13 appropriate. At age 50, we start feeling our 14 bones and our aches and pains more frequently. 15 That's where chronic disorders start to show up. 16 Q. As someone that's approaching 50, I 17 can appreciate that. 18 A. And I'm way past it. 19 Q. With respect to the walker, is it 20 your expectation or thought that she would be 21 using that just outside of the house or in the 22 house as well? 23 A. Probably, in the house as well at 24 that point. 25 Q. And is it inside the house at age 50</p>
<p style="text-align: right;">Page 143</p> <p>1 Q. If you could go to page 69, we're 2 still under the same section here, so the 3 "Adjustable Bed with Elevating Head." 4 What is the purpose of that? 5 A. She has a hard time getting out of 6 bed. I don't know whether it's the burns on the 7 back with scooting or whatever, but I remember 8 saying to her, well, how about, do you need an 9 elevated headrest? She said yes. And it may be 10 able to help take care of some of her skin, by 11 being able to put lotion on her legs and so 12 forth by bending over. But we did talk about 13 it, and I don't remember the specifics. But we 14 did review that with her, and she said that 15 would be very helpful, because she said she does 16 have a problem in her own bed. 17 Q. Does it relate to the ability to put 18 lotion on while she's in bed, or does it relate 19 to her sleeping at all? 20 A. No. It was not related to sleeping. 21 It was more care of her legs and feet and so 22 forth. 23 Q. All right. 24 And then with respect to the walker 25 you have this one starting at age 50.</p>	<p style="text-align: right;">Page 145</p> <p>1 or inside the house at a later age? 2 A. No. I think at 50 would be the time 3 that she's going to need to offload, whether 4 it's in the home or outside the home. But, 5 basically, she's using no assistive devices now, 6 and I really think by about 50, she's going to 7 need it in the home and definitely outside the 8 home as well. 9 Q. In her medical records, you haven't 10 seen any discussion or suggestion about a 11 walker, correct? 12 A. Correct. I don't see that anybody 13 asked that question or talked about it, that's 14 correct. 15 Q. And if you could go to page 71, and 16 this relates to a van purchase and subsequent 17 purchases. 18 Do you see that? 19 A. Correct. 20 Q. What type of vehicle does she drive 21 presently? 22 A. I think she's got a truck. 23 Q. Does she have any complaints about 24 using the truck? 25 A. No, but we're talking about what do</p>

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<p style="text-align: right;">Page 146</p> <p>1 we do so she can go places, to put her scooter, 2 and, particularly, an all terrain scooter when 3 she went places. 4 So, counselor, I don't know what 5 bucket of money pays for this, but in order to 6 go places, she needs a van that can take the 7 scooter, and so that's what's needed. I don't 8 know who is going to pay for it. Does it 9 normally come out of what normal people buy; I 10 don't know. But from a practical perspective, 11 she's going to need a van to be able to use that 12 scooter to go places. So if you need this, you 13 need that. It is what it is. That's all I can 14 say. 15 Q. Okay. 16 You would agree that she would have 17 – let's assume this fire never happened, if she 18 wanted to purchase vehicles for her own personal 19 use moving forward, she would have that cost 20 anyway, correct? 21 A. Absolutely, but not the 22 modifications. 23 Q. And with respect to the van items, is 24 that only required in your mind due to the all 25 terrain scooter?</p>	<p style="text-align: right;">Page 148</p> <p>1 so, no, they're just traded out. 2 Q. And then I assume, and you do list a 3 resale value after the five years, so you would 4 deduct that from any future purchases, correct? 5 A. Correct. 6 Q. So, basically, just to use your 7 numbers, you're purchasing a van at 47, but 8 you're turning in a van that has a 31K value, 9 then at least for your price that you list for 10 the subsequent purchases, it's a 15K, the 11 difference between those two? 12 A. Correct, correct. 13 Q. For the - and this is, obviously, a 14 small ticket number - AAA membership, what's the 15 purpose of that? 16 A. If you have somebody who can't walk 17 distances or can't stand, particularly, on the 18 hot pavement out in Wyoming, they don't do well 19 if you're not dealing with the right people to 20 come in and help them. So any time we have a 21 van and potential mobility issues, we always put 22 in AAA. 23 Q. Do you know if they're AAA members 24 already? 25 A. I do not.</p>
<p style="text-align: right;">Page 147</p> <p>1 A. Yes. And, actually, taking the other 2 scooters, too, to, perhaps, church or other 3 places, but the all terrain, the basic reason is 4 so she can go out and about for either of the 5 two scooters. 6 Q. It relates to both the scooters, not 7 just the all terrain scooter? 8 A. Correct. 9 Q. And do you know how often the 10 Wadsworths typically replace their vehicles? 11 A. I don't. 12 The normal replacement, most people 13 replace it in seven years. The problem is the 14 mechanics, the hydraulics don't last more than 15 about five years. So standard, we replace 16 anything that requires hydraulics in five years 17 because of the possibility of being stranded 18 with a ramp left out and you can't get it in or 19 being able to shut the doors and so forth. So 20 the standard is we replace it every five years 21 for vans, if there are hydraulics involved. 22 Q. Wouldn't you only need to replace the 23 actual hydraulics, then, not the van? 24 A. You could do that, but then the cost 25 of doing that is equal to the value of the van,</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. Going to page 72, where we get into 2 home modifications. 3 When do you anticipate home 4 modifications needing to be done? 5 A. I indicated one time in a lifetime. 6 And I would presume probably at 40 to 50 years 7 of age is when I'm talking about needing that 8 walker. And that's when I would presume that 9 she would use that mobile device in the home 10 more than just out and about. 11 Q. But you tie the home modifications to 12 the use of the walker? 13 A. Around 50 years of age, the aging 14 process and pain and so forth. 15 Q. And when you have the average cost 16 per year for lifetime here, is this cost being 17 obtained as a result of bids received from 18 contractors, or is this being obtained through 19 various web searches? 20 A. So the Veterans Administration 21 indicates about \$120,000 for somebody who is 22 wheelchair dependent. And a lot of that – hold 23 on one second – basically, that research is in 24 the back here. We basically indicated what the 25 patient was going to need.</p>

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<p style="text-align: right;">Page 150</p> <p>1 Hold on.</p> <p>2 If you look on page 160, 161, 162,</p> <p>3 basically, we, basically, kind of took a look at</p> <p>4 all of those items, and felt that 32,000 would</p> <p>5 be what she was going to need, which is about</p> <p>6 one-third the price if we were to do an</p> <p>7 all-handicapped accessible,</p> <p>8 wheelchair-accessible home.</p> <p>9 Q. So it looks like these cost prices</p> <p>10 that you're pulling for the handicapped home</p> <p>11 modifications are from online sources, as</p> <p>12 opposed to local contractors, correct?</p> <p>13 A. Correct. We did not have a local</p> <p>14 contractor.</p> <p>15 Q. Okay.</p> <p>16 And then there's a home security</p> <p>17 monitoring that's provided as a line item here</p> <p>18 as well.</p> <p>19 Is that like an ADT type thing that</p> <p>20 you're thinking of?</p> <p>21 A. Yes. Any of my patients that have</p> <p>22 mobility issues, there's always a concern of</p> <p>23 home intruders. And then if we've got somebody</p> <p>24 who has sustained a fire, certainly, the idea is</p> <p>25 that they will want some kind of a modification</p>	<p style="text-align: right;">Page 152</p> <p>1 services?</p> <p>2 A. Correct.</p> <p>3 Q. All of the items that the personal</p> <p>4 care attendant would help with, she is presently</p> <p>5 doing, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And she's presently doing them to the</p> <p>8 extent that, on your questionnaire, she said she</p> <p>9 does not need help with them, correct?</p> <p>10 A. Correct.</p> <p>11 Q. With the "Home Maintenance," she is</p> <p>12 married, correct?</p> <p>13 A. Correct.</p> <p>14 Q. Do you know what home maintenance she</p> <p>15 was doing prior to the fire?</p> <p>16 A. No. But, counselor, right now, we</p> <p>17 have a 52 percent divorce rate among Americans.</p> <p>18 If you have a patient who has pain and</p> <p>19 disabilities, it's about a 73 percent divorce</p> <p>20 rate. So if we, in the legal system, talk about</p> <p>21 the more probable than not, the idea is to at</p> <p>22 least provide some kind of security for her home</p> <p>23 that we're going to give her that there's going</p> <p>24 to be some maintenance to take care of that and</p> <p>25 not know that there's going to be a husband</p>
<p style="text-align: right;">Page 151</p> <p>1 for the home for monitoring.</p> <p>2 Q. Do you know if they have home</p> <p>3 security presently?</p> <p>4 A. I don't. I was afraid you were going</p> <p>5 to ask that question. I'm going through my</p> <p>6 mind, did I see a home monitor or not. I don't</p> <p>7 remember.</p> <p>8 Q. Okay.</p> <p>9 And you're not aware of any specific</p> <p>10 notes or suggestions in her medical records from</p> <p>11 her treaters that she had home security,</p> <p>12 correct?</p> <p>13 A. That's correct. And that would not</p> <p>14 be the purview of a treating doctor when they</p> <p>15 see a patient in their offices.</p> <p>16 Q. Going to page 73, which is "HOMEMAKER</p> <p>17 CARE," is the subcategory.</p> <p>18 A. Yes.</p> <p>19 Q. And here you have "Housekeeper,"</p> <p>20 "Personal Care Attendant" and "Home Maintenance"</p> <p>21 as a line item cost.</p> <p>22 A. Correct.</p> <p>23 Q. So with the "Personal Care Attendant"</p> <p>24 for four hours, five times per week, you're</p> <p>25 suggesting that she has 20 hours of PCA</p>	<p style="text-align: right;">Page 153</p> <p>1 that's going to be there.</p> <p>2 So if I deal with the percentages,</p> <p>3 the more probable than not, I've got to think</p> <p>4 that, and I agree it's very minimal, but it's</p> <p>5 five hours a month to do that.</p> <p>6 Q. So in order for the "Home</p> <p>7 Maintenance" line item to be valid, there's an</p> <p>8 assumption that she's going to get a divorce</p> <p>9 from Matthew?</p> <p>10 A. Well, when we work around more</p> <p>11 probable than not. So if we talk about a</p> <p>12 disabled person, there's a very high</p> <p>13 probability, it's more than 50 percent, that</p> <p>14 they're going to be single in their life.</p> <p>15 Q. You haven't read Matthew's or</p> <p>16 Stephanie's depositions where I asked them about</p> <p>17 how their relationship was?</p> <p>18 A. No. I presume it's good at this</p> <p>19 point.</p> <p>20 Q. And you don't have any information as</p> <p>21 to how their relationship is, correct?</p> <p>22 A. Correct. I'm just dealing with</p> <p>23 understanding statistics.</p> <p>24 Q. Did you have a discussion with</p> <p>25 Mrs. Wadsworth during your home visit about the</p>

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<p style="text-align: right;">Page 154</p> <p>1 strength of her marriage?</p> <p>2 A. No.</p> <p>3 Q. So if Mr. or Mrs. Wadsworth stay</p> <p>4 married, you would agree the home maintenance</p> <p>5 aspect of your life care plan would not be</p> <p>6 necessary?</p> <p>7 A. That's correct.</p> <p>8 Q. With respect to the "Personal Care</p> <p>9 Attendant," are you aware of any medical records</p> <p>10 from any of her treaters that discuss or suggest</p> <p>11 that she get a personal care attendant to help</p> <p>12 with some ADLs?</p> <p>13 A. No, I don't think they've ever been</p> <p>14 asked that question. That's why I need to reach</p> <p>15 out to the treating doctors to ask that</p> <p>16 question.</p> <p>17 Q. And you're aware that there was a</p> <p>18 date for expert disclosures in this case, and</p> <p>19 for yours, it was July 15th, correct?</p> <p>20 A. I don't know. That's not part of my</p> <p>21 purview. I see a patient and write a report.</p> <p>22 That's your stuff.</p> <p>23 Q. Okay.</p> <p>24 With respect to page 74, you have two</p> <p>25 line items, "Phoenix World Burn Congress</p>	<p style="text-align: right;">Page 156</p> <p>1 Congress?</p> <p>2 A. I have not. I've looked at their</p> <p>3 agendas frequently, but I have not attended.</p> <p>4 Q. For the Burn Support Group at Salt</p> <p>5 Lake City, is that through the University of</p> <p>6 Utah Burn Center?</p> <p>7 A. Yes. And they encourage patients to</p> <p>8 attend, but, again, she's so far away. I kept</p> <p>9 telling her she needed to move to Salt Lake</p> <p>10 City.</p> <p>11 Q. And has she ever attended that Burn</p> <p>12 Support Group in the past?</p> <p>13 A. No, no. She did not know it existed</p> <p>14 at the time.</p> <p>15 Q. Is there any reference in any of</p> <p>16 Mrs. Wadsworth's medical records from any of her</p> <p>17 treaters recommending or suggesting either burn</p> <p>18 support groups or going to the World Burn</p> <p>19 Congress?</p> <p>20 A. I don't see that they have. And</p> <p>21 that's another reason why I want to talk with</p> <p>22 the treating doctors, would they be in agreement</p> <p>23 that such an approach would be needed.</p> <p>24 Q. Going to page 75, this is where you</p> <p>25 get to your price reference sources. And in</p>
<p style="text-align: right;">Page 155</p> <p>1 Registration" and then the "Burn Support Group</p> <p>2 at Salt Lake City Burn Center."</p> <p>3 Do you see that?</p> <p>4 A. Yes.</p> <p>5 Q. Has Mrs. Wadsworth expressed an</p> <p>6 interest in attending any of those?</p> <p>7 A. She did not know anything about them.</p> <p>8 Q. Okay.</p> <p>9 Has she expressed – once she was</p> <p>10 made aware of them, did she express an interest</p> <p>11 in attending?</p> <p>12 A. Yes, she was. I described with her</p> <p>13 the ability to meet with other people with</p> <p>14 similar burns. And the Phoenix is totally</p> <p>15 survival driven. It's put on by survivors, and</p> <p>16 it's nationally one of the better conferences.</p> <p>17 They go all over the country, sometimes they're</p> <p>18 in Dallas, sometimes they're in Phoenix,</p> <p>19 sometimes they're in Chicago. And any patient</p> <p>20 that I've known who have gone to them strongly</p> <p>21 advise that I continue to have patients attend</p> <p>22 them. It makes them empowered as far as knowing</p> <p>23 what to order, what to ask for, how to ask</p> <p>24 doctors what they need and so forth.</p> <p>25 Q. Have you ever attended the World Burn</p>	<p style="text-align: right;">Page 157</p> <p>1 there you use, depending on what line item we're</p> <p>2 talking about, you've used national costs,</p> <p>3 regional costs, local costs.</p> <p>4 A. We average them all of them together.</p> <p>5 So we end up looking at the national. We then</p> <p>6 use as a modifier for the local. And then we</p> <p>7 make phone calls to local physicians. And we</p> <p>8 average those together.</p> <p>9 Q. Where do you get the regional costs</p> <p>10 from?</p> <p>11 A. The regional cost is a modifier. And</p> <p>12 so if you look on page 77, you'll see three</p> <p>13 horizontal gray boxes. And the skinny one going</p> <p>14 all the way across should be a 0.990. That is</p> <p>15 the modifier for Wyoming. So anybody living in</p> <p>16 Wyoming, we use the national number, multiply</p> <p>17 that, that gives you the modifier for the</p> <p>18 community. Then phone calls were placed at the</p> <p>19 burn center, and we asked – hold on. We</p> <p>20 contacted – you'll see on page 78, actually,</p> <p>21 what they charge is online, and we average those</p> <p>22 together.</p> <p>23 Q. So when you say you average those</p> <p>24 together, you take the national costs as one</p> <p>25 figure, and then for the regional costs, you're</p>

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<p style="text-align: right;">Page 158</p> <p>1 using the state of Wyoming?</p> <p>2 A. Yes. That's the only way to get</p> <p>3 that, yes. There is no breakdown for the state.</p> <p>4 Q. Okay.</p> <p>5 And then for the state of Wyoming, it</p> <p>6 sounds like it's, basically, 99 percent of the</p> <p>7 national cost, so a 1 percent difference or so?</p> <p>8 A. Correct. It's a little bit less than</p> <p>9 national numbers, that's correct.</p> <p>10 Q. Okay.</p> <p>11 And then on page 78, when you</p> <p>12 reference the Green River, Wyoming local average</p> <p>13 costs, those are obtained from calling local</p> <p>14 physicians?</p> <p>15 A. Calling or utilizing the website.</p> <p>16 And so in this particular case, we have a</p> <p>17 website the University of Health, which ends up</p> <p>18 indicating what they charge. Sometimes it's</p> <p>19 phone calls, like, the neurologists. It depends</p> <p>20 on where we can get the numbers.</p> <p>21 Q. And when you ask for those numbers,</p> <p>22 are those the health insurance discounted rated</p> <p>23 numbers or are the wrap rate numbers?</p> <p>24 A. No. Those are usual customary</p> <p>25 numbers. That's the methodology required of our</p>	<p style="text-align: right;">Page 160</p> <p>1 But in utilizing usual customary charges, they</p> <p>2 are the most statistically reliable.</p> <p>3 Q. And you're using those same charges</p> <p>4 for the duration of the care needed, so for the</p> <p>5 44 years. So even once there is Medicare</p> <p>6 available, potentially available to</p> <p>7 Mrs. Wadsworth, that's not a consideration,</p> <p>8 correct?</p> <p>9 A. Correct, potentially available. And</p> <p>10 understand, we just are coming off of a period</p> <p>11 of time when it used to be, if there was any</p> <p>12 kind of legal settlement, that was considered</p> <p>13 prehistory, and they would not cover anything</p> <p>14 like that. So we don't know if we're going to</p> <p>15 go back to that system where any preexisting</p> <p>16 condition is not going to be covered by the new</p> <p>17 insurance. So we deal with what the patient</p> <p>18 needs from a specific injury and what the usual</p> <p>19 customary costs are.</p> <p>20 Q. And it looks like for your travel</p> <p>21 expenses, you are, basically, assuming a</p> <p>22 two-night stay every time she goes to Salt Lake?</p> <p>23 A. Yeah, but when she goes there, the</p> <p>24 problem there, by the time she takes off, drives</p> <p>25 there and then she has an office visit, and she</p>
<p style="text-align: right;">Page 159</p> <p>1 methodology doing life care planning. We're not</p> <p>2 to use any discounted numbers, because you don't</p> <p>3 know if the discounts are going to remain or</p> <p>4 what those percentages would be.</p> <p>5 Q. So the figures that you use would be</p> <p>6 the figures if someone that did not have health</p> <p>7 insurance would be charged, correct?</p> <p>8 A. Correct, correct, usual customary</p> <p>9 charges.</p> <p>10 Q. And any discounts that may be applied</p> <p>11 through health insurance, that's not a</p> <p>12 consideration in your life care plan at all,</p> <p>13 correct?</p> <p>14 A. Right. Because you never know when a</p> <p>15 discount is going to be available or not. For</p> <p>16 example, you can get medications and get a</p> <p>17 prescription and get a coupon for GoodRx, and</p> <p>18 you can get it half price, but you don't know</p> <p>19 what's going to exist for the next 44 years.</p> <p>20 So, statistically, we're looking at 44 years</p> <p>21 worth of costing. And it's been identified to</p> <p>22 use usual customary charges. So you don't know</p> <p>23 if discounts are going to be available. You</p> <p>24 don't know what Medicare rates are going to be,</p> <p>25 simply because they change from year to year.</p>	<p style="text-align: right;">Page 161</p> <p>1 has to wait, and then multiple experts will see</p> <p>2 her, and then it's too late to go home. So</p> <p>3 we're giving her two nights because she's</p> <p>4 exhausted when she goes.</p> <p>5 So when I talked about that, I</p> <p>6 suggested that we ought to talk about two days.</p> <p>7 Oh, that would be so wonderful. Because they</p> <p>8 try to do it one time and get back at midnight,</p> <p>9 so I try and give decent coverage.</p> <p>10 Q. So, presently, when they go, do they</p> <p>11 do it in one day with no hotels?</p> <p>12 A. Yes.</p> <p>13 Q. Doctor, with respect to your</p> <p>14 deposition here today, what did you do to</p> <p>15 prepare?</p> <p>16 A. I spent a couple of hours three or</p> <p>17 four days ago, in preparation. And then last</p> <p>18 night, I spent about two hours looking at my</p> <p>19 report, about four hours in preparation time.</p> <p>20 Q. Did you have any meetings with</p> <p>21 Mr. Ayala?</p> <p>22 A. I had a meeting about a half hour,</p> <p>23 hour before the deposition.</p> <p>24 Q. What did you guys discuss?</p> <p>25 A. We, basically, discussed the case and</p>

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<p style="text-align: right;">Page 162</p> <p>1 was I comfortable with what I was relating. And 2 I, basically, discussed with him the need for 3 getting additional consultations, as we 4 discussed earlier today, the need for additional 5 experts. 6 Q. And what additional experts did you 7 request? 8 A. The plastic surgery discussion in the 9 future; perhaps ophthalmology for the corneal 10 abrasions, and ear, nose and throat for the 11 tracheal burns. 12 Q. So ENT, ophthalmology and plastic 13 surgery? 14 A. Plastic surgery/burn therapies. 15 Q. And did you discuss any specific 16 doctors that you would recommend using in that 17 regard? 18 A. I did not, but I did indicate that we 19 were waiting to perhaps hear from 20 Dr. LeChapelle. 21 Q. Okay. 22 And in your mind, there is additional 23 work on your end to be done on those three items 24 where you don't have any duration, frequency or 25 costs associated?</p>	<p style="text-align: right;">Page 164</p> <p>1 any other work that you anticipate doing on this 2 case? 3 A. I wouldn't anticipate anything 4 additional, but it would be a quite of bit of 5 research at that point, focusing on whatever 6 they say. 7 Q. Okay. All right, sir. I appreciate 8 your time. I think that's all the questions I 9 have for you. 10 A. Thank you, sir. 11 MR. AYALA: I have a few questions, 12 but if we can take a couple of minutes so I 13 can use the restroom and then come back. 14 (Recess.) 15 EXAMINATION BY MR. AYALA: 16 Q. I'd like to pick up sort of where 17 opposing counsel left off. He was asking you 18 some questions about additional work to be 19 performed and potentially additional experts and 20 research needed and necessary. 21 Do you remember some of those 22 questions? 23 A. Yes, sir. 24 Q. Am I to understand that your 25 testimony and certainly your position is that</p>
<p style="text-align: right;">Page 163</p> <p>1 A. Correct. 2 Q. Were you told about the expert 3 disclosure deadline on July 15th? 4 A. No. 5 Q. Were you aware that whatever the 6 expert disclosure deadline was, that you were to 7 have your opinions to be completed by then? 8 MR. AYALA: Form. 9 A. I can't control any of that. I gave 10 a report. That's what it is. 11 Q. Okay. 12 And the report that you gave is the 13 one that obviously we have marked as Exhibit 64, 14 and that's your understanding as to what was 15 disclosed as your expert opinion by the expert 16 disclosure deadline, correct? 17 A. Correct. And it's a very anemic and 18 will have to stand by itself, if that's what 19 happens. It would not cover what she may need 20 in the future. So be it, that's the way 21 discovery occurs. It's not in my control. 22 Q. Aside from potentially getting the 23 questionnaire back from Dr. LeChapelle and the 24 additional medical expert consultations with an 25 ENT, ophthalmology and plastic burn therapist,</p>	<p style="text-align: right;">Page 165</p> <p>1 you've been attempting to reach out, communicate 2 and learn more information from some of 3 Stephanie's treaters for purposes of assisting 4 you with the compilation of your life care plan? 5 A. Yes, one, Dr. LeChapelle, because 6 that's who Stephanie felt would be the most 7 appropriate person who would understand all of 8 her future needs and some of the questions that 9 I was raising. 10 Q. And so in what you do in putting 11 together your recommendations for purposes of a 12 life care plan, you speak with, to the extent 13 they are available, to the extent it's 14 necessary, or with regards to any special 15 limitations you might have, but do you speak 16 with treaters, specialists to try to gain an 17 understanding, in addition to all of the other 18 work, review and research you perform; is that 19 fair? 20 A. Yes. The majority of the time I find 21 speaking is very difficult, so that's why we 22 send the questionnaires. They can do it at 23 their timeframe and get it off to me. But at 24 times, they'll call and say, Can I speak to the 25 doctor, and then I will fill out the form for</p>

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<p style="text-align: right;">Page 166</p> <p>1 them. If they don't want to fill the form out, 2 then I'll ask them the questions. So, yes, we 3 do both. The majority tend to fill out the 4 questions for me. 5 Q. And that's certainly what you were 6 communicating to opposing counsel that you did 7 in this case, as it relates to Dr. LeChapelle, 8 but he has not returned the questionnaire as of 9 yet, despite being in contact as early or as 10 late as yesterday? 11 A. Correct. 12 Q. But to date, you haven't spoken with 13 him, so you haven't gotten specific details or 14 information relating to his care of Stephanie 15 and potential future needs? 16 A. That's correct. 17 Q. In your career as a life care 18 planner, you also review depositions of medical 19 providers or treaters if they're available? 20 A. I do. 21 Q. Okay. 22 And I haven't provided you any of 23 those, have I? 24 A. That's correct. 25 Q. Did you know that the reason I</p>	<p style="text-align: right;">Page 168</p> <p>1 information that you need for purposes of 2 completing your life care plan in those specific 3 areas, either because you can't speak with those 4 treaters or because the deposition becomes 5 unavailable, is that what you're suggesting that 6 then that would require an expert witness to be 7 brought into the case for purposes of testifying 8 and opining in those specific areas? 9 A. That's correct, yes. 10 Q. You were asked a lot of questions 11 about the deadlines for expert disclosure and 12 all of that stuff. I think it's obvious, but 13 you're not a lawyer, you don't represent the 14 Wadsworth family from a legal representation 15 standpoint in this case, fair? 16 A. That's correct, yes. 17 Q. What you know is that you were 18 provided records, you were provided certain 19 information, you conducted your own evaluation 20 and examination of Mrs. Wadsworth, and you were 21 asked to prepare a life care plan, based upon 22 the information available to you; is that 23 accurate? 24 A. That's very accurate, yes. 25 Q. And so why don't we talk about, if</p>
<p style="text-align: right;">Page 167</p> <p>1 haven't provided you any of those is because 2 treaters' depositions are still being taken? 3 A. I know nothing about the mechanics of 4 what you guys are doing and so forth. 5 Q. But by way of example, there was a 6 physical therapist whose deposition was taken 7 earlier this week; a member of the burn team at 8 the University of Utah a little over a week ago 9 was taken. 10 Were you aware of any of that? 11 A. No. 12 Q. Is it fair to say that, when those 13 depositions are taken and when the deposition 14 transcripts come in, that's something that you 15 would want to review and look at to assist you 16 with any additions, changes or modifications to 17 your plan? 18 A. Yes. 19 Q. And, specifically, with regards to 20 these plastic surgeons, to the therapists, even 21 to the podiatrists, those are depositions that 22 you would like to review, in addition to speak 23 with those treaters, if they allow it? 24 A. That's correct. 25 Q. And if you're unable to get the</p>	<p style="text-align: right;">Page 169</p> <p>1 you could, Doc, give us the benefit of your 2 educational background. I know you talked about 3 your experience in life care planning, but give 4 us the benefit of your educational background, 5 please. 6 A. I graduated from Indiana University 7 Medical School. I then went to Yale and did a 8 residency program in pediatrics. I became board 9 certified as a pediatrician. I practiced 10 pediatrics for ten years. I then went to 11 Pittsburgh and did a residency in physical 12 medicine and rehabilitation. 13 From that point, I moved to Rhode 14 Island, where I became director of a 60-bed 15 inpatient rehab unit. I was medical director 16 for the State of Rhode Island Department of 17 Vocational Rehabilitation, and developed an 18 outpatient traumatic brain injury program. 19 I then moved to Maine, where I was a 20 director of an inpatient traumatic brain injury 21 program. I was director of New England's Good 22 Will Industry Brain Injury Programs, and 23 practiced pain medicine – pain management 24 medicine as well. 25 I've been in Florida for almost 20</p>

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<p style="text-align: right;">Page 170</p> <p>1 years now. And I have worked in several 2 hospitals, including AdventHealth, which is the 3 new name for the Florida hospital. I have 4 directed inpatient/outpatient programs. 5 Beginning about six years ago, I 6 began the process of weaning from acute care, 7 where one day a week, I see patients. The 8 remainder I have now been doing life care 9 planning. 10 Q. Thank you for that. 11 Is it fair to say that, over the 12 course of your career, not just in practice, but 13 also as a life care planner, that you've 14 occasion to see, evaluate, assess patients that 15 have suffered significant injuries, including 16 burns like Mrs. Wadsworth? 17 A. Yes. 18 Q. And you've been called upon and asked 19 to assist in litigation matters relating to 20 injuries, such as burns like the ones 21 Mrs. Wadsworth has suffered? 22 A. I have. 23 Q. And even though you may not have the 24 majority of your patients that you see and treat 25 in practice with significant or severe burns</p>	<p style="text-align: right;">Page 172</p> <p>1 these treaters that are being taken, there is 2 information in those depositions that you deem 3 important and needed and necessary for 4 consideration as to Weston's future care needs, 5 is that something that you'll let me know? 6 MR. LaFLAMME: Object to form. 7 A. I would, yes. 8 Q. If there's information in these 9 depositions of treaters that, after your review, 10 obviously, after they're taken and they're typed 11 up and I can provide them to you, but after your 12 review, if you deem it necessary for purposes 13 of, at the very least, gaining an understanding 14 as to what Weston's future care needs, 15 prognosis, et cetera, may be, is that something 16 that you would be willing to prepare 17 recommendations for by way of a life care plan? 18 A. Yes. 19 Q. And I have not provided you any 20 depositions of treaters relating to Weston as of 21 yet, correct? 22 A. That's correct. 23 Q. And whether you know or don't know, 24 that they have not been taken yet, that's 25 outside of your scope, but if I provide you with</p>
<p style="text-align: right;">Page 171</p> <p>1 like Mrs. Wadsworth, there have been the 2 occasional patients that you've treated even in 3 your private practice with burns, fair? 4 A. Absolutely fair. 5 Q. And in what you do as a life care 6 planner, even if you don't have an abundance of 7 patients in private practice with burns that 8 you're treating, as a life care planner, do you 9 speak with and learn from some of those 10 specialists that are treating the particular 11 patient whom you're asked to make 12 recommendations for future care? 13 A. That's correct. 14 Q. You were asked earlier on in the 15 deposition about the scope of your work in this 16 case. And you have not prepared a life care 17 plan for Weston, correct? 18 A. That's correct. 19 Q. And, in fact, I instructed you to 20 focus your efforts on preparing your 21 recommendations and any opinions you had as to 22 Mrs. Wadsworth's future medical care needs, 23 fair? 24 A. That's correct. 25 Q. If, after receipt of depositions of</p>	<p style="text-align: right;">Page 173</p> <p>1 those depositions, you'll review those? 2 A. I would. And then I may ask to do a 3 Zoom with the mother and see the child again 4 before I would issue any kind of report. 5 Q. And although your focus back in I 6 believe you said it was April, your focus back 7 in April when you met with Mrs. Wadsworth was 8 relating to her future care needs, did you have 9 occasion to, at the very least, meet and see 10 Weston? 11 A. I did. And that resulted in me 12 looking at the wounds and placing a phone call 13 to you to let you know that you need to at least 14 consider that I think the child is going to have 15 some long-term needs as well. But I did it, 16 basically, informally. 17 Q. All right. 18 And then with regards to, again, what 19 those future care needs may or may not be, 20 that's not something that you've taken into 21 account, considered as of yet, given the 22 inability to speak with his treaters and review 23 any deposition transcripts of his treaters; is 24 that correct? 25 MR. LaFLAMME: Object to form.</p>

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<p style="text-align: right;">Page 174</p> <p>1 A. That's correct.</p> <p>2 Q. You were asked questions about your</p> <p>3 experience as an expert witness in these types</p> <p>4 of litigation matters, and whether you've ever</p> <p>5 had any of your opinions stricken by a court.</p> <p>6 Do you remember some of those</p> <p>7 questions early on?</p> <p>8 A. Yes, yes, I do.</p> <p>9 Q. And if I wrote correctly in my notes,</p> <p>10 there was reference to a Collett case that was</p> <p>11 discussed with you, and whether you were aware</p> <p>12 of your either opinions being stricken or you</p> <p>13 even being stricken as an expert.</p> <p>14 Do you remember some of those</p> <p>15 questions?</p> <p>16 A. Yes.</p> <p>17 Q. Did I understand your testimony that</p> <p>18 you have no personal knowledge of any findings</p> <p>19 of that board or what may have happened, what</p> <p>20 may have been argued or otherwise, correct?</p> <p>21 A. Correct.</p> <p>22 Q. Certainly, can I at least safely</p> <p>23 assume that, at no point in time, do you</p> <p>24 intentionally endeavor to go beyond the scope of</p> <p>25 your background, your training, your experience</p>	<p style="text-align: right;">Page 176</p> <p>1 they need to follow these conditions for</p> <p>2 monitoring, but I have no idea what type of</p> <p>3 procedures that she's going to need or the</p> <p>4 costs.</p> <p>5 Q. You were asked whether you reviewed</p> <p>6 the deposition of the plaintiff.</p> <p>7 Do you remember that?</p> <p>8 A. Yes.</p> <p>9 Q. In some of the cases, is it fair to</p> <p>10 assume that you read the deposition transcripts</p> <p>11 of the plaintiffs?</p> <p>12 A. I will do that from time to time. I</p> <p>13 don't remember reading any in this particular</p> <p>14 case, as I sit here today.</p> <p>15 Q. Based upon just your typical</p> <p>16 practice, Doctor, when you went to see and</p> <p>17 evaluate Mrs. Wadsworth in April, did you obtain</p> <p>18 information from her that you felt was needed</p> <p>19 and necessary for your purposes in putting</p> <p>20 together and compiling this life care plan?</p> <p>21 A. Yes.</p> <p>22 Q. And, in fact, as you've described</p> <p>23 throughout your deposition testimony, you asked</p> <p>24 her specific questions on various issues and</p> <p>25 matters, including her daily activities,</p>
<p style="text-align: right;">Page 175</p> <p>1 when you're rendering opinions relating to</p> <p>2 either the life care planning for a patient or</p> <p>3 for a plaintiff, or the treatment as a</p> <p>4 physiatrist of a patient?</p> <p>5 A. Absolutely. I mean, this case</p> <p>6 demonstrates why I just need to reach out to</p> <p>7 certain other treaters and certainly not handle</p> <p>8 the decisions on my own.</p> <p>9 Q. And despite, I think, it's, what, the</p> <p>10 170-odd pages of the complete report that you</p> <p>11 tendered over, despite as extensive as it is, as</p> <p>12 detailed as it is, there are portions that we've</p> <p>13 gone through, there are portions where you did</p> <p>14 not render opinions as to the exact type of</p> <p>15 treatment needed, the frequency, or even the</p> <p>16 costs associated with that treatment, because,</p> <p>17 frankly, it just goes beyond your scope of</p> <p>18 expertise.</p> <p>19 Is that fair?</p> <p>20 A. That's fair.</p> <p>21 Q. And that's what we talked about with</p> <p>22 the plastics, with the ophthalmology and even</p> <p>23 with the ENT?</p> <p>24 A. Correct. I don't know what</p> <p>25 procedures they're going to suggest. I think</p>	<p style="text-align: right;">Page 177</p> <p>1 including activities for entertainment and</p> <p>2 outdoors, and pains, and issues and limitations</p> <p>3 she has. You asked her those types of</p> <p>4 questions?</p> <p>5 A. I did.</p> <p>6 Q. And so do you feel that you have a</p> <p>7 need to review her deposition transcript in</p> <p>8 order for your life care plan to be complete?</p> <p>9 A. No, I don't need her deposition. I</p> <p>10 need treating physician depositions, but I don't</p> <p>11 need hers for my perspective.</p> <p>12 Q. Understood.</p> <p>13 You were asked questions about the</p> <p>14 pricing that's set forth within the proof and</p> <p>15 life care plan.</p> <p>16 Do you remember some of those</p> <p>17 questions earlier?</p> <p>18 A. Yes.</p> <p>19 Q. And if I understood your testimony,</p> <p>20 you have someone that you associate with there</p> <p>21 in your practice that puts together or compiles</p> <p>22 these numbers, these prices. But you would rely</p> <p>23 upon an economist expert that would price it out</p> <p>24 accurately and fully, fair?</p> <p>25 A. Well, I have someone who specifically</p>

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<p style="text-align: right;">Page 178</p> <p>1 knows the specific price. An accountant or an 2 economist now takes it and averages what the 3 cost is going to be over the next 44 years. 4 Q. There's been a suggestion that the 5 number that's set forth in the life care plan of 6 the three – let me just make sure I get it 7 completely – the 3.698 million and change that 8 in some way, shape or form, it's inaccurate, 9 it's speculative, it's unreliable. 10 Can you describe for the jury that 11 might read this deposition transcript as to what 12 that number reflects, as best as you can 13 recount? 14 A. Well, that number reflects, I have a 15 young lady who takes my life care plan, which I 16 stand by, and simply now converts it into a 17 number that an attorney who hires me wants to 18 understand what the potential value is. So I do 19 it as a process to allow the attorney to know, 20 is this a case that we're going to go to trial 21 over or what the value is, to understand the 22 value of the case. 23 But I do not do the numbers myself. 24 I do not do it line by line. And so it is a 25 handy way for the attorney to know the value of</p>	<p style="text-align: right;">Page 180</p> <p>1 various line items that you have detailed and 2 talked about today, there are potentially 3 additional costs associated with the future care 4 needs for Mrs. Wadsworth, fair? 5 A. That's correct. 6 MR. LaFLAMME: Object to form. 7 Q. Although you do not know the specific 8 procedures, the duration of any types of 9 procedures or modalities or the costs associated 10 with them, from a plastic surgery or from a 11 plastics perspective, based upon your evaluation 12 of Mrs. Wadsworth, you were certainly able to 13 identify continued issues with her feet, fair? 14 A. Yes. 15 MR. LaFLAMME: Object to form. 16 Q. She was able to communicate with you 17 complaints and issues she continued to have with 18 her feet, fair? 19 A. Yes. 20 MR. LaFLAMME: Object to form. 21 Q. And she continued to communicate with 22 you complaints and issues she was even having 23 with her skin generally; is that fair? 24 A. Yes. 25 MR. LaFLAMME: Object to form.</p>
<p style="text-align: right;">Page 179</p> <p>1 the case, but it should not be considered the 2 life care plan. 3 Q. And then when it comes to an accurate 4 depiction or reflection that at least you would 5 rely on, is there a number, is there a method by 6 which you compiled the costs, the expenses and 7 what that life care plan is actually priced out 8 to be? 9 A. I'm sorry. I don't understand the 10 question. 11 I have the life care plan in a Word 12 document. And in the far right-hand corner, 13 it's either the yearly or lifetime costs. That 14 I can stand by. The remainder over the next 44 15 years projecting out, I rely on a economist to 16 do that. 17 Q. Perfect. That's what I was asking. 18 But, obviously, the numbers provided 19 and associated with your life care plan, Doc, 20 those are incomplete at this point, fair? 21 A. Correct, because I need additional 22 resources to really give a complete picture of 23 what her long-term needs are going to be. 24 Q. So even with the numbers that are 25 attached to that life care plan, for all of the</p>	<p style="text-align: right;">Page 181</p> <p>1 Q. So you may not know yet, because you 2 haven't had the opportunity to speak with those 3 treaters or read their deposition transcripts, 4 what and how frequent and the costs of future 5 care needs, from a plastic surgery perspective, 6 you certainly do know that there is the need 7 there, and you're just awaiting those 8 conversations to detail what those needs 9 specifically are? 10 MR. LaFLAMME: Object to form. 11 A. Correct. 12 It was my impression, my feeling she 13 was going to need to see those physicians for 14 routine monitoring for the rest of her life, but 15 I do not know the specific types of treatment, 16 procedures and the costs that they would 17 recommend. 18 Q. You were not asked in this case to 19 render any opinions relating to the liability 20 issues in the case, correct? 21 A. That's correct. 22 Q. I did not send you any depositions 23 relating to first responders or anyone that 24 might be related to the liability aspects of the 25 case, correct?</p>

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<p style="text-align: right;">Page 182</p> <p>1 A. Correct.</p> <p>2 Q. That's nothing that you need to see</p> <p>3 for purposes of the scope of your work in this</p> <p>4 case; is that fair?</p> <p>5 A. Correct. Those records help me</p> <p>6 prepare when I'm going to see the patient, when</p> <p>7 I see the patient, and what they're going to</p> <p>8 need long term.</p> <p>9 Q. Okay.</p> <p>10 You were asked questions about</p> <p>11 Mrs. Wadsworth's life expectancy.</p> <p>12 Do you remember some of those</p> <p>13 questions and answers?</p> <p>14 A. Yes.</p> <p>15 Q. And you were asked - and I'm</p> <p>16 paraphrasing - to what extent you analyzed a</p> <p>17 reduction in life expectancy due to her smoking</p> <p>18 and alcohol?</p> <p>19 Do you remember that?</p> <p>20 A. Yes.</p> <p>21 Q. And I want to make sure I understood</p> <p>22 your testimony.</p> <p>23 Did you say that, when you begin to</p> <p>24 make reductions in life expectancy due to</p> <p>25 whether it's smoking or alcohol or any other</p>	<p style="text-align: right;">Page 184</p> <p>1 MR. LaFLAMME: Object to form.</p> <p>2 A. I've never seen that research.</p> <p>3 Q. In fact, based on all of the work</p> <p>4 you've done, your background, your training,</p> <p>5 your experience, have you treated patients, have</p> <p>6 you consulted as a life care planner on cases</p> <p>7 where individuals smoke, individuals drink</p> <p>8 alcohol, and they end up exceeding the life</p> <p>9 expectancy?</p> <p>10 A. Not in the life care plan world, but</p> <p>11 in my treating world, I will see patients - the</p> <p>12 classic one I remember is George Burns who swore</p> <p>13 that five cigars a day allowed him to live to 90</p> <p>14 years of age, so we all see that. It's</p> <p>15 difficult. So we try and only use scientific</p> <p>16 research to utilize in my report.</p> <p>17 Q. That's why you relied upon, as you</p> <p>18 said, the standards that you've referenced and</p> <p>19 you've talked about today, fair?</p> <p>20 A. Correct, yes.</p> <p>21 Q. And there were questions asked of you</p> <p>22 relating to some of the questionnaires on the</p> <p>23 ADLs and occasions where Mrs. Wadsworth said, I</p> <p>24 don't need help, I don't need help, I don't need</p> <p>25 help.</p>
<p style="text-align: right;">Page 183</p> <p>1 factors, then you also have to begin an analysis</p> <p>2 as to what are those positive behaviors,</p> <p>3 actions, attributes that now add to the life</p> <p>4 expectancy.</p> <p>5 Did I paraphrase that correctly?</p> <p>6 A. That's correct. And that's why we</p> <p>7 have a tendency to use the National Vital</p> <p>8 Statistics that includes all comers. Otherwise,</p> <p>9 if you start doing this, then you have to do an</p> <p>10 analysis on all things that extend life. And</p> <p>11 now you start getting I'll call it into a</p> <p>12 pissing war between the pros and the cons, and</p> <p>13 so forth. And the National Vital Statistics</p> <p>14 answers that question.</p> <p>15 Q. Okay.</p> <p>16 And the suggestion was made certainly</p> <p>17 that smoking and alcohol is generally not</p> <p>18 healthy for an individual.</p> <p>19 We could agree on that?</p> <p>20 A. Totally agree.</p> <p>21 Q. But are there any metrics, Doctor, is</p> <p>22 there any research or literature that suggests,</p> <p>23 because a person either smokes or drinks alcohol</p> <p>24 that there is no chance they would ever make it</p> <p>25 to the expected life expectancy?</p>	<p style="text-align: right;">Page 185</p> <p>1 Do you remember some of those</p> <p>2 questions?</p> <p>3 A. Yes.</p> <p>4 Q. Based upon your conversations with</p> <p>5 her, your having met her and gotten to know her</p> <p>6 a little bit, is she the type of person who is a</p> <p>7 go-getter?</p> <p>8 A. Yes. She is the kind of lady who</p> <p>9 says, Don't tell me I can't, I'm going to show</p> <p>10 you I can; very strong-willed lady.</p> <p>11 Q. She's, as I put it, a tough cookie.</p> <p>12 A. Absolutely.</p> <p>13 Q. And so in reading the questionnaire</p> <p>14 where she said, I don't need help, I don't need</p> <p>15 help, does that, in your mind, based on your</p> <p>16 background, training and experience, translate</p> <p>17 to she doesn't need help?</p> <p>18 A. No, it does not mean she doesn't need</p> <p>19 help. In fact, I told her, I'm just saying, you</p> <p>20 can cook a meal for me, but if I see blood from</p> <p>21 your hand on my dish, I'm not going to - no.</p> <p>22 So she doesn't understand really what she does</p> <p>23 do, how it can be a turn-off to other people and</p> <p>24 deleterious in the long term.</p> <p>25 Q. You were asked questions about</p>

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<p style="text-align: right;">Page 186</p> <p>1 whether or not you have the requisite background 2 or training in the field of psychology or 3 psychiatry. 4 Do you remember some of that? 5 A. Yes. 6 Q. And is it fair to say that one of the 7 additional areas that you would consider looking 8 into in speaking with a treater is in either 9 psychiatry, psychology or mental health? 10 A. I think that's appropriate, yes. 11 Q. And so by way of example, there's a 12 deposition to take place in a couple of weeks of 13 a mental health therapist that Mrs. Wadsworth 14 has been seeing and treating with. 15 Is that a deposition transcript that 16 you would like to review? 17 A. Yes, sir. 18 Q. There were sections of your life care 19 plan that provide a description or detail that 20 is typical or commonplace for the life care 21 plans that you prepare dealing with significant 22 or catastrophic injury cases; is that fair? 23 A. Yes. 24 Q. And then there are other sections of 25 your life care plan that are specific to the</p>	<p style="text-align: right;">Page 188</p> <p>1 A. I would, if I'm requested to update 2 my life care plan. 3 Q. Let me just check my notes. I'm 4 almost done here, Doc. 5 You were asked questions in the 6 section of your life care plan that discusses 7 medications that you are recommending for 8 various reasons. 9 Do you remember some of those 10 questions? 11 A. Yes. 12 Q. And you were asked a question of, 13 well, is Mrs. Wadsworth currently taking any of 14 those medications? 15 Do you remember that? 16 A. Yes. 17 Q. Is your job as a life care planner to 18 only include therapies, medications, procedures 19 that a patient is currently going through, or do 20 you look at, what are the future care needs, 21 irrespective of what that individual is 22 currently receiving? 23 MR. LaFLAMME: Object to form. 24 A. That is the difference between a 25 nonphysician and a physician life care planner.</p>
<p style="text-align: right;">Page 187</p> <p>1 facts, the circumstances and your evaluation of 2 this case, true? 3 A. Correct. 4 Q. The pricing that you have listed in 5 your life care plan for what your 6 recommendations are for Mrs. Wadsworth, those 7 are prices certainly based on research and 8 standards and metrics, but they're specific to 9 Mrs. Wadsworth; is that true? 10 A. Absolutely correct, absolutely. 11 Q. In other words, you didn't take 12 pricing from another life care plan or some 13 website and just slap it on this life care plan 14 and say it applies? 15 A. No. In evaluating the patient, 16 identifying what she needed, I specifically 17 looked at the costs specifically in her region 18 and actually reached out to treating doctors in 19 her area to find out the specific costs. 20 Q. We've talked about deposition 21 transcripts, but to the extent there are 22 additional medical records that are received 23 relating to Mrs. Wadsworth, and even Weston, are 24 those records that you would like to, at the 25 very least, receive and review?</p>	<p style="text-align: right;">Page 189</p> <p>1 As a physician life care planner, if the patient 2 needs certain things that he or she is not 3 receiving, it is in my purview as a treating 4 physician of multiple years of practice, I can 5 add specifically what this patient should 6 require. And I did describe some of these 7 medications to her at the time of the visit. 8 Q. So it's not surprising to you, 9 because you were asked about this, but it's not 10 surprising to you that Mrs. Wadsworth's past and 11 current treaters haven't discussed some of her 12 future care needs within their records? 13 A. Correct, because they're not asked to 14 do that. They're asked to treat the patient 15 spontaneously at the time when they're in their 16 office, what are their needs right now. They do 17 not do life care planning. 18 Q. So as you review some of the records 19 that you have, there's no discussion of mobility 20 scooters, there's no discussion of some of the 21 medications that you're recommending; again, not 22 surprising, given the difference in scope of 23 what current treating physicians are doing 24 versus what your role is? 25 A. Correct.</p>

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<p style="text-align: right;">Page 190</p> <p>1 MR. LaFLAMME: Object to form.</p> <p>2 A. They are not considering the next 44</p> <p>3 years of life.</p> <p>4 Q. And I guess the last area that I'll</p> <p>5 cover with you, Doctor, you were asked questions</p> <p>6 about the home maintenance portion of your life</p> <p>7 care plan.</p> <p>8 Do you remember that?</p> <p>9 A. Yes.</p> <p>10 Q. And there was a discussion as to,</p> <p>11 really, the "why" behind it, why there would be</p> <p>12 a section for home maintenance if Mrs. Wadsworth</p> <p>13 is married to Mr. Wadsworth.</p> <p>14 Do you remember that?</p> <p>15 A. Yes, yes.</p> <p>16 Q. And did I understand your testimony</p> <p>17 correctly that, one of the considerations that</p> <p>18 you take into account as a life care planner,</p> <p>19 looking into the future for a severely or</p> <p>20 catastrophically injured individual, is to what</p> <p>21 extent is there a likelihood, more likely than</p> <p>22 not, occasion where that individual might find</p> <p>23 themselves in a need for a particular modality,</p> <p>24 assistance, et cetera.</p> <p>25 Is that part of your role?</p>	<p style="text-align: right;">Page 192</p> <p>1 Q. And so, as a life care planner, are</p> <p>2 you to rely upon those statistics and those</p> <p>3 numbers and that research for purposes of your</p> <p>4 recommendations and your opinions, or do you</p> <p>5 speculate that Mrs. Wadsworth is going to stay</p> <p>6 with Mr. Wadsworth?</p> <p>7 A. I utilize the research available.</p> <p>8 Q. And even though Mr. Wadsworth and</p> <p>9 Mrs. Wadsworth love each other, as you probably</p> <p>10 were told when you met with her, you still look</p> <p>11 at and rely upon your experience as to the</p> <p>12 numbers and the statistics?</p> <p>13 A. The more probable than not is</p> <p>14 appropriate to use.</p> <p>15 Q. And, in fact, with regard to the</p> <p>16 entirety of your life care plan, those are your</p> <p>17 opinions as of this date, understanding that</p> <p>18 there's information you haven't received yet,</p> <p>19 understanding that there is conversations you</p> <p>20 want to have and haven't had yet, but those are</p> <p>21 your opinions and your recommendations, more</p> <p>22 likely than not, as to what Stephanie is going</p> <p>23 to need in the future, fair?</p> <p>24 A. Yes, that's correct.</p> <p>25 Q. Doc, those are all my questions.</p>
<p style="text-align: right;">Page 191</p> <p>1 A. Yes.</p> <p>2 Q. And so when you look at specifically</p> <p>3 home maintenance, part of what you did, if I</p> <p>4 understood your testimony, is, you looked at</p> <p>5 statistics in our country specifically as to the</p> <p>6 divorce rates, but, more particularly, divorce</p> <p>7 rates amongst those individuals who are</p> <p>8 catastrophically injured, physically injury and</p> <p>9 what that means for marriages either staying</p> <p>10 together or breaking up?</p> <p>11 A. That's correct.</p> <p>12 Q. And what your research, and based on</p> <p>13 your background, training and your experience</p> <p>14 doing this type of work, has demonstrated is</p> <p>15 that there is a strong, meaning more likely than</p> <p>16 not, chance that Mrs. Wadsworth may find herself</p> <p>17 in the future in need of home maintenance as a</p> <p>18 result of what the statistics, what the numbers</p> <p>19 say is a strong likelihood of a divorce?</p> <p>20 MR. LaFLAMME: Object to form.</p> <p>21 A. Yes.</p> <p>22 Q. And so that's what the numbers</p> <p>23 provide, that's what the research and the</p> <p>24 statistics show; is that fair?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 193</p> <p>1 Mr. LaFlamme might have some follow-ups.</p> <p>2 FURTHER EXAMINATION BY MR. LaFLAMME:</p> <p>3 Q. Doctor, just some quick follow-ups.</p> <p>4 With respect to the discussion that</p> <p>5 centered around home maintenance, but just the</p> <p>6 general concept that you believe it's more</p> <p>7 likely than not that Mr. and Mrs. Wadsworth may</p> <p>8 get divorced, based on the statistics, you are</p> <p>9 just relying on statistics in that regard, as</p> <p>10 opposed to any information you received from</p> <p>11 Mr. and Mrs. Wadsworth, correct?</p> <p>12 A. That's correct.</p> <p>13 Q. I think you referenced that 52</p> <p>14 percent of all marriages in the US unfortunately</p> <p>15 ended up in divorce, correct?</p> <p>16 A. That's correct.</p> <p>17 Q. So by that statistic, every single</p> <p>18 life care plan that you author presumes that</p> <p>19 they're going to get divorced; isn't that</p> <p>20 correct?</p> <p>21 A. I have to, yes. That's life. That's</p> <p>22 life.</p> <p>23 Q. Okay.</p> <p>24 And, Doctor, with respect to the</p> <p>25 medication that Mrs. Wadsworth was provided at</p>

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<p style="text-align: right;">Page 194</p> <p>1 the University of Utah to deal with her alcohol 2 use, do you recall seeing that she had thiamine 3 replacement therapy during her hospitalization, 4 for her alcohol use? 5 A. Well, that's routinely given to 6 anyone with alcoholism, because they may be 7 thiamine deficient. That's routine. 8 Q. Okay. 9 And you're aware that that relates to 10 heavy alcohol use, correct? 11 A. It's normally used because of the 12 fact that they forget to eat, and they don't eat 13 certain foods that have thiamine, so anybody 14 with an alcohol problem will be put on thiamine. 15 Q. And the thiamin replacement that she 16 was given was specific due to her alcohol use; 17 is that correct. 18 A. Yes, that's correct. 19 Q. That's all the questions, I have, 20 sir. 21 MR. AYALA: All right. Doc, read or 22 waive? 23 THE WITNESS: Counselor said this was 24 audiotaped, so I don't need to read. I'm 25 waiving.</p>	<p style="text-align: right;">Page 196</p> <p>1 CERTIFICATE 2 I, ELIZABETH M. KONDOR, a Certified 3 Court Reporter, License ##30XI00117200, and 4 Notary Public of the State of New Jersey, do 5 hereby certify that prior to the commencement of 6 the examination, RONALD E. SNYDER, M.D. was duly 7 sworn by Bridgett Myers, Notary Public, to 8 testify the truth, the whole truth and nothing 9 but the truth. 10 I DO FURTHER CERTIFY that the 11 foregoing is a true and accurate transcript of 12 the testimony as taken stenographically by and 13 before me at the time, place and on the date 14 hereinbefore set forth. 15 I DO FURTHER CERTIFY that I am 16 neither a relative nor employee nor attorney nor 17 counsel of any of the parties to this action, 18 and that I am neither a relative nor employee of 19 such attorney or counsel, and that I am not 20 financially interested in the action. 21 22 <i>Betsy Kondor</i> 23 Certified Court Reporter 24 25 Dated: Monday, August 19, 2024</p>
<p style="text-align: right;">Page 195</p> <p>1 (Transcript orders.) 2 MR. LaFLAMME: I'll just take 3 everything electronic. 4 MR. AYALA: The same. 5 (Deposition adjourned at 3:25 p.m.) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	

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